

EXHIBIT 10

From: Asekomeh, Eshiofe [DELOG][O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Wed 8/7/2019 12:30:43 PM Coordinated Universal Time
To: Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Subject: Medical summary - Snookal, Mark
Attachment: Cardiologist clearance.pdf
Attachment: Snookal Mark CTA and Echo report.pdf
Attachment: Snookal Mark medical summary.docx

Good day Ma,

Please find attached, medical summary for above named employee as requested.
Also attached, are the recent Cardiologist clearance and the CTA/ Echo reports from April.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria



7/29/2019

MR#000004554567

Re: Mark J Snookal
2200 Maricopa Drive
Los Angeles CA 90065

Dear Sirs,

Mr. Snookal is under my care for his heart condition. It is safe for him to work in Nigeria with his heart condition. His condition is under good control and no special treatments are needed.

If you have any questions, please feel free to contact me at the number below.

Sincerely,

Electronically signed by,

S. KHAN MD
Attending Cardiologist, Division of Cardiology, SCPMG
Clinical Associate Professor, UCLA School of Medicine
Ph: 323-783-4585
7/29/2019
10:14 AM

CAI - MVZM

Name: Snookal, Mark Sex: M

GUID - 1000444873

DOB: 04-13-1972 Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

RECEIVED

JUL 29 2019

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J

MRN: 000004554567, DOB: 4/13/1972, Sex: M

Visit date: 4/3/2019

Order Providers

Authorizing

Khan, Shahid Hameed (M.D.)

Encounter

Khan, Shahid Hameed (M.D.)

Billing

Khan, Shahid Hameed (M.D.)

Order Information

Date

4/3/2019

Department

CARDIOLOGY

Ordering/Authorizing

Khan, Shahid Hameed (M.D.), M.D.

Associated Diagnoses

AORTIC ANEURYSM

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected:
4/10/2019 08:57)

Provider Status: Reviewed

Result Notes for CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM

Notes recorded by Khan, Shahid Hameed (M.D.), M.D. on 4/11/2019 at 11:35 AM PDT

Call Center Nurses: Please let patient know that his Aorta looks stable on his recent CT scan. No change in aortic size.

CTA Aorta 4/10/2019:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic
aorta is 4.1 cm. Compared to 5/16/17 there has been no significant Change

Electronically signed by,

S. KHAN MD

Attending Cardiologist, Division of Cardiology, SCPMG

Clinical Associate Professor, UCLA School of Medicine

Ph: 323-783-4585

4/11/2019

11:35 AM

4/10/2019 10:28 AM - Interface, Scal_Radiology

Narrative

CT1/4 36" PREFER MON/WED PROTOCOL: GATED AORTA.

Lab and Collection

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM - 4/3/2019

Result History

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM on 4/10/2019

Transcription

Type

ID

Date and Time

Dictating Provider

Diagnostic imaging

86769685

4/10/2019 10:28 AM

Hsu, Joe Yo (M.D.), M.D.

Signed by Hsu, Joe Yo (M.D.), MEDICAL DOCTOR on 04/10/19 at 1028

CARDIAC CTA: 4/10/19

Kaiser Permanente

Page 1

CAI - MVZM

Name: Snookal, Mark Sex: M

GUID - 1000444873

DOB: 04-13-1972 Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTELOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J

MRN: 000004554567, DOB: 4/13/1972, Sex: M

Visit date: 4/3/2019

HISTORY: 46-year-old male with aortic regurgitation and aortic root enlargement.

TECHNIQUE: Cardiac CTA is performed following administration of 130 ml of IV contrast material.

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIvol / DLP / Phantom

Chest / 5.55 / 136.04 / B

Chest / 16.46 / 8.23 / B

Chest / 17.39 / 365.11 / B

Total Exam DLP: 509.38

CTDIvol = mGy DLP = mGy-cm

Phantom: B=Body32, H=Head16

QUALITY: Fair, arrhythmia with PVCs

COMPARISONS: CTA 5/126/17, 5/26/16, 4/21/15

FINDINGS:

AORTA: Left arch with normal branching of great vessels. Normal ductus bump.

AORTIC VALVE: 3 cusps without calcification.

Aortic measurements are as follows:

AORTIC ANNULUS: 2.1 x 3.5 cm

AORTIC ROOT: 4.2 cm (average of 3 measurements from convexity to commissure)

SINO-TUBULAR JUNCTION: 3.7 x 3.8 cm

ASCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 3.9 x 4.1 cm

AORTIC ARCH: 2.7 x 3.0 cm (proximal to origin of left subclavian artery)

DESCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 2.7 x 2.9 cm

ABDOMINAL AORTA AT HIATUS: 2.5 x 2.6 cm

OTHER FINDINGS: Lungs are clear. No acute airspace disease. No

Kaiser Permanente

Page 2

CAI - MVZM
 GUID - 1000444873
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 ID #: 1012
 DOB: 04-13-1972 Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019 ...Continued...
 Author: 0000 Location:
 Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
 Type: Progress Note
 Subject: Cardiology Report

KAISER PERMANENTE LOS ANGELES MEDICAL Snookal, Mark J
 CNTRL MRN: 000004554567, DOB: 4/13/1972, Sex: M
 4867 W. SUNSET BLVD. Visit date: 4/3/2019
 LOS ANGELES CA 90027-5969

effusion or consolidation seen. No mediastinal or hilar lymphadenopathy. Visualized upper abdomen show cholecystectomy.

IMPRESSION:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic aorta is 4.1 cm.

Compared to 5/16/17 there has been no significant change.

This report electronically signed by Joe Hsu, MD on 4/10/2019 10:23 A

Display only: Transcription (86769685) on 4/10/2019 10:28 AM by Hsu, Joe Yo (M.D.), M.D.

Order Providers

Authorizing Khan, Shahid Hameed (M.D.)	Encounter Lockerbie, Colin S	Billing SCAL PROVIDER
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Order Information

Date 4/9/2019	Department CARDIOLOGY	Released By Lockerbie, Colin S	Authorizing Khan, Shahid Hameed (M.D.), M.D.
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Original Order

Ordered On 4/9/2019 3:25 PM	Ordered By Lockerbie, Colin S
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Associated Diagnoses

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected: 4/9/2019 15:32)	Provider Status: Reviewed
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4/16/2019 2:02 PM - Interface, Scal_Results_A

Component
REPORT

CAI - MVZM
 GUID - 1000444873
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 ID #: 1019
 DOB: 04-13-1972 Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019
 Author: 0000 Location:
 Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
 Type: Progress Note
 Subject: Cardiology Report

...Continued...

KAISER PERMANENTE

LOS ANGELES MEDICAL
 CNTR L
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969

Snookal, Mark J
 MRN: 000004554567, DOB: 4/13/1972, Sex: M
 Visit date: 4/9/2019

4/13/2019 2:02 PM - Interface, Scal Results_A (continued)

Conclusions

Summary

Technically very difficult study.
 NSR with frequent PVCs.

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.
 Upper normal left atrial size. Mild right atrial enlargement.
 Upper normal right ventricular size and systolic function.

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.
 Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.
 Aortic root measures 4.4 cm. Normal aortic arch size.

Findings

Mitral Valve

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.

Aortic Valve

Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.

Tricuspid Valve

Cannot reliably estimate right ventricular systolic pressure (RVSP).

Pulmonic Valve

The pulmonic valve leaflets are thin and pliable; valve motion is normal. Mild pulmonic regurgitation is present.

Left Atrium

Upper normal left atrial size.

Left Ventricle

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.

Right Atrium

Mild right atrial enlargement.

Right Ventricle

Upper normal right ventricular size and systolic function.

Pericardial Effusion

No pericardial effusion.

Aorta

Aortic root measures 4.4 cm. Normal aortic arch size.

Miscellaneous

IVC diameter is = 2.1 cm with a > 50% inspiratory collapse, suggestive of a right atrial pressure of 0-5 mmHg.

Signature

Electronically signed by LEBOWITZ, STEPHEN HOWARD MD (Interpreting physician) on 04/16/2019 02:01 PM

** Note: For images and the full report use the "PACS Images" link below **

CAI - MVZM

GUID - 1000444873

US - MVZM

MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M

DOB: 04-13-1972 Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J
MRN: 000004554567, DOB: 4/13/1972, Sex: M
Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal_Results_A (continued)

Linked Documents

View Image

Lab and Collection

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE -
4/9/2019

Result History

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER
COMPLETE on 4/16/2019

END OF REPORT

MEDICAL SUMMARY

RE: SNOOKAL MARK DOB-13th April 1972

Above named 47-year old employee is on international transfer from El Segundo, USA to Escravos, Nigeria for international assignment as a Reliability Engineering Manager. He had his medical Suitability for Expatriate Assignment (MSEA) evaluation on the 24th of July 2019.

Significant/ relevant medical history gleaned from his GO-146 include;

- History of being hypertensive and presently on Lorisatan and amlodipine- date of diagnosis/ date of commencement and dosages not stated.
- He exercises regularly for at least thirty minutes at three times a week on average
- He is a non-smoker
- A past medical history of treatment for depression between 1994 and 1996
- He had a cholecystectomy in 2014
- A significant history of diagnosis of asymptomatic dilated aortic root and premature ventricular complexes on ECG for which the Cardiologist recommended no additional treatment.

Main findings on examination was a bradycardia with pulse rate of 53/min and blood pressure of 135/78mmHg.

Review of recent investigations revealed:

1. ECG: Heart rate of 47/min, sinus rhythm with PVC, left atrial deviation and slight intraventricular delay
2. Slightly borderline elevated triglyceride and LDL cholesterol and reduced HDL cholesterol
3. Normal E/U/Cr, LFT, CBC and urine analysis
4. Negative Quantiferon TB test

Transthoracic echocardiography done on 9th of April 2019 revealed aortic root diameter of 4.4 cm with normal aortic arch size.

CT Angiography done on the 10th of April 2019 also reported a stable aortic arch (Compared to an earlier CT angiography done on 10th of May 2017) with a diameter of 4.2cm and a maximum size of the ascending aorta of 4.1cm.

Dr. Asekomeh E.G

7/08/2019

From: Asekomeh, Eshiofe [DELOG][mailto:O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Thur 8/15/2019 10:13:10 AM Coordinated Universal Time
To: Pitan, Olorunfemi (femi.pitan)[mailto:femi.pitan@chevron.com]
Subject: RE: MSEA Case - Snookal, Mark

Good morning Ma,

Thanks for the feedback. I complete the clearance today.

Warm regards,

Eshiofe Asekomeh

From: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Sent: Thursday, August 15, 2019 9:24 AM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>
Subject: FW: MSEA Case - Snookal, Mark

Dear Dr Asekomeh,

Thanks for the excellent work you put into this case. Please view e mail.

- Kindly decline a job transfer to Escravos.
- You can indicate that he will be cleared for an assignment in Lagos if that is the direction the U.S. decides to pursue.

Best regards,
Femi Pitan

Dr O.C. Pitan

OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit

✉ femi.pitan@Chevron.com

☎ CTN 2772222 ext 61807

☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

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From: Frangos MD, Steve (SAFR) <SAFR@chevron.com>
Sent: Thursday, August 8, 2019 10:07 PM
To: Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>; Levy, Scott <ScottLevy@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: MSEA Case - Snookal, Mark

Hi Paul. Thanks for the opportunity to review this case.

In the case of medical transfers to Escravos, my view is that NMA Occupational Health and NMA Cardiologists get 9/10 of the opinions.

As is pointed out, the patient is low risk for a major adverse CV event. Yet in Escravos, there are only limited resources for initial stabilization and transfer of a major adverse CV event. There is health risk in an Escravos assignment.

This individual would likely be fit for expatriate assignment in Lagos.

Happy to discuss further if needed.

Stephen Frangos, MD, MPH, FACOEM

Regional Manager, Health and Medical – Americas
TR & HM COE

safr@chevron.com

Chevron Services Company

A Division of Chevron U.S.A. Inc.

Global Health and Medical

1400 Smith, Room 03016

Houston, Texas 77002

Tel +1 713 372 5922

Fax +1 713 372 5941

Mobile [REDACTED]

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

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From: Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>

Sent: Thursday, August 08, 2019 12:43 PM

To: Frangos MD, Steve (SAFR) <SAFR@chevron.com>; Levy, Scott <ScottLevy@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: FW: MSEA Case - Snookal, Mark

Hello Steve and Scott

Top of the day to you

Kindly find attached and below the details of an expatriate employee Mark Snookal, who is being evaluated for a transfer from El Segundo, USA to Escravos, Nigeria.

My concerns are on the safety of such an employee with a potential cardiac abnormality though of low risk being transferred to remote location in the field where access to expert cardiac management and equipment may not be readily available or subject to logistic challenge.

I would greatly value your kind opinions and thoughts on this.

Best Regards

Paul Arenyeka MD

Medical Director
Nigeria Mid Africa SBU
✉ _poar@chevron.com
☎ CTN 2772222 ext 67046
☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

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From: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Sent: Thursday, August 8, 2019 2:08 PM
To: Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>
Subject: MSEA Case - Snookal, Mark

Good day sir,

As discussed, please find attached the following documents pertaining to Mark Snookal, who is being evaluated for a transfer from El Segundo, USA to Escravos, Nigeria.
The position is Reliability Engineering Manager.

Documents attached:

- Cardiology clearance (of July 29, 2019). Cleared to work in Nigeria but not Escravos specifically
- Report of Cardiac CTA (computed tomography angiogram) and Echo
- Medical Summary by Dr Asekomeh
- Summary of opinions from NMA Cardiologists – **for your own perusal.**

Kind regards,
Femi Pitan

Dr O.C. Pitan
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com
☎ CTN 2772222 ext 61807
☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

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From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Wednesday, August 7, 2019 1:31 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: Medical summary - Snookal, Mark

Good day Ma,

Please find attached, medical summary for above named employee as requested.
Also attached, are the recent Cardiologist clearance and the CTA/ Echo reports from April.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

From: Asekomeh, Eshiofe [DELOG][O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Thur 8/15/2019 6:29:52 PM Coordinated Universal Time
To: Mirabueno, Bijo Velante[JosephineMirabueno@chevron.com]
Cc: Seca Torres, Eldyleida[eldyleidasecatorres@chevron.com]; Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]; Arenyeka, Paul O. (PaulArenyeka)[PaulArenyeka@chevron.com]; Levy, Scott[ScottLevy@chevron.com]; Snookal, Mark[Mark.Snookal@chevron.com]
Subject: Transfer Medicals (Elsegundo, USA to Escravos, Nigeria)-Snookal, Mark-GO1769
Attachment: Snookal Mark GO1769.pdf

Good day,

Mark Snookal (IEA Reliability Team Lead) has completed an MSEA evaluation for transfer from El Segundo, USA to Escravos, Nigeria for international assignment.
A determination has been made, that Mark Snookal is UNFIT for work in Escravos being a remote location.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria



Expatriate Exam Recommendations GO-1769

Examiner: When completed, please forward to the Chevron regional medical manager office checked below:

- ☐ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA, USA 94583
☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622
☒ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA
☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583
☐ Other Chevron Medical Facility: _____

Part A – Examinee Information

For medical confidentiality, please complete one form per examinee. If the examinee is a dependent, please complete Part B below

Last Name SNOOKAL	First Name MARK	MI	CAI MVZM	Birth Date (mm/dd/yyyy) 04 - 13 - 1972	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Examinee ID
Job Title IEA RELIABILITY TEAM LEAD			Operating Company	Current Work Location EL SEGUNDO, USA	Destination Location ESCRAVOS, NIGERIA	

Part B: Chevron Employee Information

If the examinee is a dependent, please complete this section with the Chevron employee information.

Last Name	First Name	CAI	Chevron Employee ID
Job Title		Operating Company	Current Work Location
		Destination Location	
Number of dependents in Host Location: _____			

Part C – OpCo / Business Unit Contact – Human Resources, Sponsor (if applicable), other.

Name	Phone No.	Date (mm/dd/yyyy)
Contact Address	City	State/Province
	Postal/Zip Code	Country

Part D – Examination - The recommendation below is based on a review of the medical history and physical examination.

Exam Type: INITIAL EXPAT EXAM (ROTATIONAL)

Date of Exam (mm/dd/yyyy): 07/24/2019 Exam Location: MEL DEL RAY

State/Province: CALIFORNIA Country: USA

Disposition

☒ Employee

☐ FIT for Duty

☒ NOT FIT for Duty

Describe: REMOTE LOCATION. CAN BE CLEARED FOR ASSIGNMENT IN LAGOS

☐ FIT for Duty with Limitation(s) (list below and provide estimated duration of limitations)

Describe: _____

☐ Failed to comply with requested evaluations

Describe: _____

Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

☐ Dependents

☐ Cleared

☐ Not Cleared

Describe: _____

☐ Cleared with Limitation(s) (list below and provide estimated duration of limitations)

Describe: _____

☐ Failed to comply with requested evaluations

Describe: _____

Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

Examiner Name (please print) DR. ASEKOMEH ESHIOFE	Signature 	Date (mm/dd/yyyy) 08/15/2019
Address CHEVRON HOSPITAL	City WARRI	State/Province DELTA
	Postal/Zip Code	Country NIGERIA

Escravos Medevac Records for 2017 - 2022				
2017				
S/N	Date of incident	Diagnosis	Remarks	
1	1/2/2017	Acute coronary syndrome	Sudden onset chest pain with palpitations. Elevated cardiac enzymes but no ECG abnormalities.	
2	1/7/2017	Spondylotic radiculopathy	Acute sciatica resulting in severe pain and inability to sit	
3	1/9/2017	Bleeding Haemorrhoid		
4	1/10/2017	Hypertensive Encephalopathy	Sudden collapse and confusion with highly elevated blood pressure hypertension	
5	1/15/2017	Seizure disorder	Alteration in level of consciousness and tonic features	
6	1/29/2017	Appendicitis		
7	1/30/2017	severe sciatica (?slipped disc)	Severe back pain, unable to walk	
8	2/19/2017	Seizure disorder	Was admitted for post seizure confusion and had more seizures during admission	
9	4/4/2017	Uncontrol Hypertension and Diabetes		
10	5/1/2017	severe migraine headache		
11	7/5/2017	Cerebrovascular accident (CVA)		
12	7/7/2017	Traumatic Injury (Rt. Foot)- Fracture		
13	7/17/2017	Cerbrovascular disease		
14	7/22/2017	Hand and foot injury- burns	Burn injury from diesel fire	
15	7/22/2017	Hand and foot injury- burns	Hand and leg burns from diesel fire	
16	8/1/2017	Severe burns	Fire	
17	8/1/2017	Severe burns	Fire	
18	8/14/2017	Traumatic amputation of left middle finger		
19	9/19/2017	Traumatic contusional injury of left ankle and deep lacerations	Other IOC personnel	
20	9/19/2017	Severe injury	Other IOC personnel	
21	10/2/2017	Fire Injury/ burns	Boat fire	
Total			21	
2018				
S/N		Diagnosis	Remarks	
1	3/3/2018	Cerebrovascular accident (CVA)	Right hemiparesis and associated dysphasia	
2	3/14/2018	Acute urinary retention		
3	3/29/2018	Acute coronary syndrome		
4	4/21/2018	Cerebrovascrular accident	Right hemispheric ischeamic CVA, medevac from a vessel	
5	5/9/2018	Severe Burns	From steam	
6	5/11/2018	Congestive cardiac failure		
7	6/21/2018	Cerebrovascular accident (CVA)	Found unconscious in his room	
8	7/23/2018	Seizure disorder		
9	8/10/2018	Acute coronary syndrome		

		10	8/14/2018	Non-STEMI Acute coronary syndrome	
		11	9/18/2018	Hand Injury	Amputated index finger of the right hand
		12	8/19/2018	Acute Appendicitis	
		13	8/19/2018	Acute urinary retention	
		14	8/19/2018	Multiple organ failure (Heart/renal)	
		15	8/24/2018	Cerebrovascular accident (CVA)	Slurred speech and left limb weakness
		16	10/4/2018	Severe Sepsis	Fever with chills and chest infection
		17	11/16/2018	Acute pulmonary oedema	
		18	12/3/2018	Acute Upper GI bleeding	Hypotension and hypoglycaemia and upper GI bleeding
		19	12/4/2018	Acute Appendicitis	
		20	12/8/2018	Seizure disorder	History of recent fall with head trauma while at home
		Total		20	
		2019			
		S/N		Diagnosis	Remarks
		1	1/5/2019	Transient ischeamic attack (TIA)	Transient inability to walk and slurred speech. Also had supraventricular tachycardia
		2	1/11/2019	Cerebrovascular accident	
		3	1/14/2019	Injury from motor vehicular accident (MVA)	
		4	2/11/2019	Near drowning	
		5	2/23/2019	Severe hypertension in RVD patient	
		6	3/11/2019	Acute Hyperglycaemic crisis in DM	
		7	3/26/2019	Cerebrovascular accident	Slurred speech with right limb weakness
		8	3/28/2019	Severe Bleeding Haemorrhoid	
		9	3/31/2019	Cerebrovascular accident	
		10	4/22/2019	Severe Burns	
		11	5/9/2019	Burns	
		12	5/9/2019	Cerebrovascular accident	
		13	5/21/2019	Traumatic brain injury with Irrational behaviour	Developed symptoms hours after he fell into the sea.
		14	6/6/2019	Head trauma	Resulted in headache and dizziness
		15	6/7/2019	Acute Febrile Illness	
		16	6/28/2019	Severe Sciatica	
		17	7/30/2019	Hypertensive encephalopathy	
		18	8/11/2019	Pulmonary embolism	
		19	8/12/2019	Pulmonary oedema	
		20	8/19/2019	Cerebrovascular accident	Heamorrhagic stroke with altered consciousness
		21	8/21/2019	Panic attack	
		22	9/10/2019	Appendicitis	
		23	9/10/2019	Appendicitis	
		24	9/17/2019	Traumatic Chest Injury	Chest trauma with fracture of the left 8th rib
		25	10/4/2019	Psychosis	Irrational behavious and hallucination
		26	10/22/2019	Renal stone	Severe flank pain/ known hypertensive
		27	10/7/2019	Cerebrovascular accident	
		28	10/8/2019	Cycling accident – traumatic leg injury	

		29	10/19/2019	Severe lumbargo	
		30	11/20/2019	Acute Appendicitis	
		31	12/3/2019	Hypertensive encephalopathy	
		Total		31	
		2020			
		S/N		Diagnosis	Remarks
		1	1/26/2020	Hypertensive Encephalopathy	Sudden collapse and severely elevated blood pressure
		2	1/27/2020	Myocardial infarction	Acute Chest pain in a known hypertensive
		3	2/24/2020	Wax burn	
		4	2/28/2020	Cerebrovascular accident	Collapse with weakness of limbs and inability to move
		5	3/14/2020	Burns from explosion	
		6	3/17/2020	Upper Gastrointestinal bleeding	
		7	3/23/2020	Abnormal behaviour/ Mood disorder	
		8	4/17/2020	Acute urinary retention	
		9	4/21/2020	Cerebrovascular accident	Left limb weakness
		10	5/11/2020	Cerebrovascular accident	Collapse with limb weakness
		11	5/13/2020	Severe hypertension	
		12	5/12/2020	Seizure disorder	
		13	5/13/2020	Hypertensive crisis	
		14	11/8/2020	Traumatic injury from accident	Traumatic left ring finger tip amputation and crush injury of other fingers
		15	11/8/2020	Traumatic brain injury	Boat collision with platform boat landing
		16	11/23/2020	Acute appendicitis	
		17	6/10/2020	Severe Sepsis	
		Total		17	
		2021			
		S/N		Diagnosis	Remarks
		1	2/26/2021	Hypovolemic Shock from Gastroenteritis	
		2	3/19/2021	Intestinal Obstruction	
		3	3/30/2021	Ischemic Heart Disease	ECG showed atrial flutter and evidence of old ischemic heart changes.
		4	5/14/2021	Traumatic Knee Dislocation	
		5	5/20/2021	Cholecystitis	
		6	5/5/2021	Appendicitis	
		7	6/6/2021	Acute Coronary Syndrome	Sudden onset chest pain and breathlessness
		8	5/26/2021	Severe Malaria	
		9	6/13/2021	Sepsis	
		10	6/26/2021	Rt Forearm Fracture	
		11	7/17/2021	Seizure disorder	Generalised new onset tonic-clonic seizure
		12	8/5/2021	Seizure disorder	Epileptic. Disorientation after seizures

	13	8/26/2021	Hypotension In Cysis		
	14	9/27/2021	Acute Appendicitis		
	15	11/1/2021	Near Drowning		
	16	9/28/2021	Acute Confusional State		
	17	9/29/2021	Peri Anal abscess		
	18	10/14/2021	Septic Shock		
	19	12/26/2021	Traumatic Injury -Accident		
	Total			19	
	2022				
	S/N		Diagnosis	Remarks	
	1	2/21/2022	Acute appendicitis		
	2	2/21/2022	Acute appendicitis		
	3	3/28/2022	Acute coronary syndrome		
	4	3/30/2022	Acute appendicitis		
	5	4/4/2022	Appendicitis		
	6	4/5/2022	Urolithiasis		
	7	5/14/2022	Deep Vein Thrombosis (DVT)		
	8	5/15/2022	Burns	Fire	
			Deep Vein Thrombosis and pulmonary embolism		
	9	5/19/2022			
			Traumatic head injury with Mutiple lacerations		
	10	5/24/2022			
	11	6/10/2022	Severe multiple injuries	Legs trapped between boat and platform boat landing	
	12	7/27/2022	Severe Malaria and sepsis		
	13	8/25/2022	Severe injuries		
	14	9/30/2022	Diabetes & Hypotension		
	15	10/28/2022	Major head trauma	From sea pirate attack	
	16	10/28/2022	Facial trauma	From sea pirate attack	
	17	10/28/2022	Partial intestinal obstruction		
			Vaso-occlusive Crisis In A Known HBSS genotype		
	18	11/3/2022			
	19	11/18/2022	Major burns	27% burns from hot engine oil in tanker vessel pipe rupture	
			Abnormal behaviour/ Delusions (Schizophrenia)		
	20	11/18/2022			
	Total			20	

Year	# of Incidents	Date	Incident Details
2017	1	January 17, 2017	Contractor personnel was found unresponsive in his accommodation. The site medical team responded and commenced Cardiopulmonary Resuscitation (“CPR”). The CPR was unsuccessful.
2018	4	January 07, 2018	Medical team was called to the case of a contractor personnel who slumped along the walkway to the accommodation block in Escravos. He was moved to the clinic. CPR was unsuccessful.
		October 17, 2018	Employee collapsed while walking back to his office from lunch. CPR was commenced immediately and continued until Escravos medical personnel arrived the scene and transported him to the clinic. Additional efforts made at resuscitation were not successful.
		July 22, 2018	Contractor personnel was observed conscious but unresponsive while in bed at 1835 hours. He was immediately taken to the clinic where he was stabilized until the following morning when flight conditions were favorable for medevac. He was medevaced to his company arranged clinic in Warri. He later died at about 1630 hours on July 23, 2018.
		August 10, 2018	At approximately 1300hrs, a contractor personnel was observed to be unwell in her accommodation. She was transferred to the on-site clinic. Her condition deteriorated during the evening and resuscitation efforts were not successful.
2019	4	April 8, 2019	At approximately 1600 hours, a Captain slumped on the accommodation deck of his stationary Tugboat while it was on standby at a CNL facility. He was immediately transferred to the nearby medical post where CPR was performed without success.
		May 22, 2019	At approximately 0500 hrs, a contractor personnel was found unconscious and having seizures by one of his roommates in his Escravos accommodation. The Medical Response team was mobilized and treatment commenced. He was later medevaced to Warri at 0755 hours and transferred to his company’s retainer hospital where he died at approximately 1215 hrs
		August 11, 2019	At approximately 1300hrs, a contractor personnel on a Self Elevating Work Over Platform (SEWOP) collapsed in the toilet and momentarily lost consciousness. He was medevaced to the Escravos clinic where he was stabilised and later transferred to his company clinic. He died on August 14, 2019.
		October 16, 2019	At about 3:20pm, a contractor personnel slumped at a on a Well Platform. All efforts to resuscitate him were unsuccessful.

Escravos Fatalities 2017-2022

2020	2	December 18, 2020	At about 23:15hrs, a security personnel was discovered unresponsive on an Oil Platform. The medical personnel found no sign of life and he was confirmed dead.
		October 12, 2020	A Contractor personnel discovered he had a highly elevated blood pressure on self check while feeling weak. He became unresponsive while being assessed by the facility Nurse. Resuscitation efforts were not successful
2021	3	May 13, 2021	A Contractor personnel reported at the medical post at about 23:30 hours with an acute illness. Treatment was commenced, however the condition deteriorated rapidly and efforts at resuscitation failed. He died on May 14, 2021.
		July 27, 2021	An employee was medevaced from Escravos to Chevron Hospital Warri with a fever and respiratory difficulties. He subsequently tested positive for Coronavirus Disease (COVID-19) and was diagnosed with COVID-19 pneumonia. However, his condition continued to deteriorate until he passed on at 9:00 a.m. on July 28, 2021.
		November 9, 2021	A contractor personnell was brought into the Escravos Clinic at 0530hrs from his room following sudden onset of chest tightness and breathlessness. He was unresponsive on arrival at the Escravos clinic. Resuscitation efforts were unsuccessful.
2022	7	January 17, 2022,	At about 0610 hours, contractor personnel was found unconscious by his roommate in his room on a Houseboat attached to a Well Platform. He was immediately moved to the nearest medical Post where the Medic assessed him and commenced CPR which was unsuccessful.
		August 17, 2022	At about 0850 hours, a contractor personnel l slumped while at the mess hall on a barge. Resuscitation efforts were unsuccessful.
		September 11, 2022	At about 1030hrs, a contractor personnel had seizures while off-duty and on the deck of the vessel making a phone call. He became unconscious and resuscitation efforts were unsuccessful.

		September 10, 2022	At about 1020 hrs, a contractor personnel developed breathing difficulties on a facility. He was moved to the nearby medical post for further medical attention. He subsequently had a cardiopulmonary arrest at about 1045hrs and resuscitation was not successful.
		September 2, 2022	At about 1800 hours, a contractor personnel on a Self Elevating Workover Platform (SEWOP), lost consciousness while mustering with other crew members Resuscitation efforts were unsuccessful.
		September 5, 2022,	At about 2250 hours, a contractor personnel was retrieved from his room following a call by his roommates that saw him grunting in the bathroom. He subsequently had a cardiac arrest. CPR was not successful.
		December 24, 2022	At about 08:10hrs, a contractor personnel was found unrousable in his room by his roommate. A quick assessment by the medical team noted that rigor mortis had set in and no need for resuscitation. He was confirmed dead.

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Medical Examination Program

Your Health.



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Version	Date	Originator
5.0	July 2017	Global Health & Medical Center of Excellence

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Chapter One

1. Purpose

Ensure Chevron's workforce is physically and mentally fit for duty and occupational hygiene risk control is enabled through health surveillance. Therefore, individuals can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Principles of medical examinations for Fitness for Duty also may be applicable for Health Surveillance under any circumstance where a fitness to work decision needs to be made:

- These shall be focused on the physical and psychological requirements and working conditions of the job (e.g., GO-308 and GO-400 forms, requirements of the job position) and shall also consider the location of the assignment.
- These shall be conducted by a health professional.
- Medical confidentiality shall be preserved. Typically, only statements of "fit," "fit with restrictions," and "not fit" shall be made available to management or Human Resources. (Exceptions to this rule require the consent of the individual under examination.) Legal advice might be required based on local legislation.
- Fitness for duty determinations made as a result of medical evaluations should avoid over generalizations and interpretation. It is not the presence or absence of a condition per se that is relevant, but the fitness for duty implications of that condition on the individual's capacity to perform the essential job requirements or the health-care support needs.

2. Scope

This program is intended to cover all Chevron's workforce across the enterprise. The protocols are updated based on latest Industry and Medical guidelines. Local legislations may supersede this document if more stringent.

3. Objectives

- Provide guidance to clinicians across the business units about Company medical protocols for Fitness for Duty and Health Surveillance
- Support the business in ensuring the workforce is fit for duty
- Support the business in enabling health-risk controls through application of Health Surveillance protocols

4. Linkages to Programs, Processes, Policies and Standards

- Fitness for Duty process, medical examinations requirement
- Occupational Hygiene, Health Surveillance procedure
- Medical Confidentiality Standard and Chevron's Policy on Data Privacy

5. Medical Protocols

Medical protocols are divided into Fitness for Duty and Health Surveillance protocols and their requirements.

Detailed protocols are described in Chapter Two:

Fitness for Duty - General

- For-Cause Medical Evaluation
- Job Transfer Medical Evaluation
- Pre-Placement/Post-Offer Extensive
- Pre-Placement/Post-Offer Limited
- Return-to-Work Medical Procedure
- Screening for Functional Capacity Evaluation

Fitness for Duty - Specific

- Certified Welding Inspector
- Corporate-Sponsored Spill Responder Teams
- Emergency Responder
- Fire Brigade
- Helicopter Underwater Evacuation Training (HUET)
- Hoistman/Crane Operator
- Hoistman/Crane Operator - GOM Offshore
- Mariner
- Medical Suitability for Expatriate Assignment - Adults
- Medical Suitability for Expatriate Assignment - Dependent Child
- Motor Vehicle Drivers
- Offshore Oil and Gas Workers
- Pilot
- Qualified Rigger
- Respirator User
- Truck Driver and California Vanpool Drivers

Health Surveillance

- Arsenic
- Asbestos
- Benzene
- Formaldehyde
- Hazardous Waste Operations (HAZWOPER)
- Hexavalent Chromium (VI)
- Hydrogen Sulfide (H₂S)
- Laboratory Worker (Selected)
- Lead
- Mercury
- Noise
- Refractory Ceramic Fibers
- Segmental (Hand/Arm) Vibration

6. Key Terms and Definitions

Action Level: A concentration designated in 29 CFR part 1910 or local legislations for a specific substance, calculated as an eight-hour time-weighted average, which initiates certain required activities such as exposure monitoring and health surveillance (as defined by the U.S. Occupational Safety and Health Administration [OSHA]). It could be 50 percent or 75 percent of the occupational exposure limit (OEL) or time-weighted average (TWA).

Audiogram: A hearing test. It shows the audible threshold for standardized frequencies as measured by an audiometer. The Y axis represents intensity measured in decibels and the X axis represents frequency measured in hertz. The threshold of hearing is plotted relative to a standardized curve that represents "normal" hearing, in A-weighted decibel (dB[A]) units.

Biological Monitoring: The measurement and assessment of chemicals or their metabolites (substances the body converts the chemical into) in exposed workers. These measurements are made on samples of breath, urine or blood, or any combination of these. Biological monitoring measurements reflect the total uptake of a chemical by an individual by all routes (inhalation, ingestion, through the skin or by a combination of these routes), e.g., American Conference of Governmental Industrial Hygienists' Biological Exposure Indices (BEI®).

Body Mass Index (BMI): The BMI, or Quetelet index, is a measure of relative size based on the mass and height of an individual.

The BMI for a person is defined as their body mass divided by the square of their height with the value universally being given in units of kilogram per square meter (kg/m²). If the weight is in kilograms and the height in meters, the result is immediate; if pounds and inches are used, a conversion factor of 703 (kg/m²)/(lb/in²) must be applied.

$$\text{BMI} = \frac{\text{mass}_{\text{kg}}}{\text{height}_{\text{m}}^2} = \frac{\text{mass}_{\text{lb}}}{\text{height}_{\text{in}}^2} \times 703$$

BMI Prime: A simple modification of the BMI system. BMI Prime is the ratio of actual BMI to upper limit BMI (currently defined at BMI 25). As defined, BMI Prime is also the ratio of body weight to upper body weight limit, calculated at BMI 25. Since it is the ratio of two separate BMI values, BMI Prime is a dimensionless number without associated units. Individuals with BMI Prime less than 0.74 are underweight, those with between 0.74 and 1.00 have optimal weight, and those at 1.00 or greater are overweight. BMI Prime is useful clinically because individuals can tell, at a glance, by what percentage they deviate from their upper weight limits. For instance, a person with BMI 34 has a BMI Prime of 34/25 = 1.36, and is 36% over his or her upper mass limit.

Category	BMI Range (kg/m ²)	BMI Prime
Very severely underweight	less than 15	less than 0.60
Severely underweight	from 15.0 to 16.0	from 0.60 to 0.64
Underweight	from 16.0 to 18.5	from 0.64 to 0.74
Normal (Healthy weight)	from 18.5 to 25	from 0.74 to 1.0
Overweight	from 25 to 30	from 1.0 to 1.2
Obese Class I (Moderately obese)	from 30 to 35	from 1.2 to 1.4
Obese Class II (Severely obese)	from 35 to 40	from 1.4 to 1.6
Obese Class III (Very severely obese)	over 40	over 1.6

Abdominal (Waist) Circumference should be taken into consideration for those BMI above 35.

Countries may have their own categories and ranges, based on their populations' data.

Complicated Case: A case may be considered complicated if the individual presents himself or herself with significant medical conditions that require medical management or resources that may not be available at the proposed assignment location and/or if the individual may not be able to travel safely.

Confidential or Classified Information: Medical information is categorized as classified and sensitive personal data (SPD) by Chevron's Policy 580 - [Data Privacy](#) procedures. Therefore, all sensitive medical records must be kept confidential. Sensitive information can be disclosed based on written authorization from worker or as otherwise permitted by local law and Chevron's Medical Confidentiality Standards. This applies to both work- and non-work related injuries and illnesses.

Contractor/Subcontractor: A company or individual hired by the employer to perform work.

Disability: Activity limitations and/or participation restrictions in an individual with a health condition, disorder or disease.

Disability Management: In the United States, Chevron Disability Management is a company program that employees must follow to get any disability benefits they may be eligible to receive when they cannot work due to illness or injury. The program also tracks absences covered under the Family and Medical Leave Act of 1993 (FMLA) and related state leave laws. Outside the United States, local legislation on disability management or its equivalent must be followed when applicable.

Employer (Chevron): The company with operational control of the worksite or business operation.

Essential Job Task: Also known as an "essential function" of the job or the core duties that are the reason that the job position exists.

Fit for Duty: Employee is able to perform all the job requirements.

Fit for Duty With Restrictions: Employee has limitations based on medical evaluation and restrictions are recommended by the health professional.

Fitness for Duty Determination: Assessment of a worker's ability to meet the essential physical requirements, psychological and working conditions of the job and reach to a conclusion on his or her fitness status.

Fitness for Duty Process: Fitness for Duty is designed to provide a standardized Operational Excellence (OE) process that confirms or identifies the circumstances under which employees are able to safely perform essential physical, psychological and cognitive requirements of their job without risk to self, others or the environment (as defined by Corporate OE Fitness for Duty Process - Purpose).

Fitness for Duty - Return to Work: For the purpose of ensuring that an employee, following an occupational or non-occupational injury or illness, has regained the appropriate fitness for duty. The procedure may include a medical evaluation, work hardening, modified duty or a combination of these, as appropriate.

Functional Capacity Evaluation (FCE): An objective evaluation of an employee's ability to perform his or her essential job functions. The FCE includes an evaluation of the employee's abilities and limitations in all areas of physical capacity, including sitting, standing, walking, climbing, carrying and lifting, among others. It is used to make recommendations for participation in work while considering the person's body functions and structures, environmental factors, personal factors and health status. The GO-308 form, *Physical Requirements and Working Conditions*, shall be used to define the specific FCE criteria.

Global Health and Medical Examination Program:

Standardized medical examination protocols designed to meet the global objectives of the Operational Excellence Element 3: Safe Operations, Expectation 3.3, for two processes: Fitness for Duty and Occupational Hygiene.

Health Surveillance: A systematic evaluation of the health of the employee related to potential job-specific exposures. Purposes include: confirming that where employees are exposed to workplace hazards, confirming that the control measures are effective and the worker is showing no biological changes that could indicate exposure, and ensuring continued fitness for duty so that employees can safely perform the essential physical and mental requirements of their jobs without risk to self, others or the environment.

In summary, health surveillance is the protection of an employee's health through the detection of any adverse health effects at as early a stage as possible.

Impairment: A significant deviation or loss of use of any body structure or body function in an individual with a health condition, disorder or disease.

Job Evaluation: The documentation of a job's *Physical Requirements and Working Conditions*, i.e., form GO-308.

Limitation: What current abilities the patient-worker lacks or tasks he/she is unable to perform. **Limitations are described and are capacity-based.**

Not Fit for Duty: Employee is considered unable to perform the tasks of the job after a thorough medical evaluation.

Remedial Action Plans: Recommended exercises and activities to enable an individual to meet the essential physical requirements, psychological and working conditions of the job; this also includes consideration of work accommodations or alternate work (work conditioning and work hardening).

Restriction: What the patient-worker should not do on the basis of risk of harm to self or others. **Restrictions are prescribed by a physician and are risk-based.**

Safety-Sensitive Positions: Job positions where workers have direct or indirect control of situations that can result in undesirable events. The worker's immediate supervisor and the next level of management are also included because of their ability to control the acts their workers. Process, maintenance and transportation operations that include hazardous chemicals, toxic materials, flammable liquids and gases, high pressures, combustible dusts, underground operations and vehicle or motor equipment operation are safety sensitive because of their potential adverse impact on co-workers, company operations, the public or the environment.

Uncomplicated Case: A case may be considered uncomplicated if the individual presents himself or herself in essential good health, all medical conditions are routinely managed and do not exceed local resources, and he or she is safe to travel.

Work Conditioning: A physical exercise program designed to restore specific strength, flexibility and endurance for return to work following injury, disease or medically imposed rest. It can also be used to assist healthy individuals who have not met the physical requirements of a job. It may be part of a complete work-hardening program when other aspects of functional restoration are required.

Work Hardening: A multidisciplinary rehabilitation program designed to restore functional and work capacities to the injured worker through application of graded work simulation. Included are activities designed to improve overall physical condition, including strength, endurance and coordination specific to work activity, as well as means for coping with any remaining symptoms from the original problem, such as pain. Generally administered by physical or occupational therapists who may be part of a team, which might include physicians, vocational counselors, psychologists and other rehabilitation professionals.



7. Roles and Responsibilities

Role	Responsibilities	Competencies
Workforce (Employee)	<ul style="list-style-type: none"> Comply with required medical examination related to the job position, either regarding Fitness for Duty process or Health Surveillance procedure, or both where applicable. Follows relevant local procedures, regulations or requirements. 	<ul style="list-style-type: none"> Aware of the requirements and responsibilities of their role in Fitness for Duty and Health Surveillance programs. Understands local, applicable Human Resources (HR) procedures.
First Line Supervisor	<ul style="list-style-type: none"> Oversee compliance of his/her staff with required medical protocols. Ensure that employees attend necessary assessments on time. Assist in risk assessment by confirming the exact operational requirements of a task (e.g., GO-308 development). Seek the advice of HR and Global Health and Medical if he or she becomes concerned about an employee's fitness to work or Health Surveillance enrollment. 	<ul style="list-style-type: none"> Aware of the requirements and responsibilities of the role in Fitness for Duty and Health Surveillance programs. Understands local, applicable HR procedures.
Business Unit Human Resources Business Partner	<ul style="list-style-type: none"> Execute and sustain compliance with Fitness for Duty medical protocols at the business unit level. Lead any necessary consultation processes with the line management, and manage cases where employees are found to be unfit for duty. He or she can provide detailed and country-specific knowledge of employment law. 	<ul style="list-style-type: none"> Aware of Fitness for Duty and Health Surveillance procedures. Able to instruct others about the applicable Fitness for Duty and Health Surveillance policies and procedures.
Business Unit Operational Excellence Fitness for Duty and/or Health Surveillance Advisor	<ul style="list-style-type: none"> Supports in the execution of risk assessments and selection of controls (e.g., operating procedures, specific test requirements) Ensure compliance with Medical Examination program protocols at the business unit level. 	<ul style="list-style-type: none"> Knowledgeable about Fitness for Duty and Health Surveillance procedures. Able to instruct others about the applicable Health Surveillance and Fitness for Duty protocols.
Global Health and Medical Center of Excellence & Occupational Health	<ul style="list-style-type: none"> Execute medical exams and provide clearance as the subject matter experts on fitness for duty and health surveillance. Be professionally accountable for their medical opinions and for compliance with the law and ethical standards. 	<ul style="list-style-type: none"> Skilled in Fitness for Duty and Health Surveillance procedures. Able to coach businesses representatives in all activities related to Fitness for Duty and Health Surveillance protocols applicability.
Legal Department Representative	<ul style="list-style-type: none"> Review proposed practice within the context of applicable legislation. 	<ul style="list-style-type: none"> Knowledgeable on local health and safety legal framework. Knowledgeable in enterprise Fitness for Duty and Occupational Hygiene processes.
Local Health and Medical Professional	<ul style="list-style-type: none"> Check adherence with the Medical Examination Program Protocols. Adjust to local legal requirements as necessary. Conduct clinical interpretation and fitness for duty and/or health surveillance determination. 	<ul style="list-style-type: none"> Licensed health professional. Skilled in Fitness for Duty and Health Surveillance procedures.

8. Medical Directory

Americas Regional Medical Manager Dr. Stephen Frangos 1400 Smith St, Room 03177 Houston, TX 77002 U.S.A.	San Ramon Clinic: +1 (925) 842-2995 Houston Clinic: +1 (713) 372-7474 Office Direct: +1 (713) 372-5922 Fax: +1 (713) 372-6017 Email Address: examamer@chevron.com
Asia Pacific Regional Medical Manager Dr. Riyaad Karriem Chevron House in 30 Raffles Place #24-00 Singapore 048622	Office: +65-6318-1808 (24 hours) Email Address: examasia@chevron.com
Europe, Eurasia, Middle East and Africa Regional Medical Manager Dr. Scott Levy 1 Westferry Circus, Canary Wharf London E14, 4HA United Kingdom	Office: +44 20-7719-3990 Fax: +44 20-7719-5188 Email Address: exameame@chevron.com
Medical Clinic Locations: http://hr.chevron.com/globalprograms/medical/clinics/Default.aspx	

9. Measurement and Verification

Metrics are linked to current Fitness for Duty process.

Local metrics can be considered in order to comply with legal requirements or tailored to the business unit.

10. Continual Improvement

If it is agreed, the Global Health and Medical team, enterprisewide, will review its past activities, statistics and obtain stakeholder input at periodic meetings at the minimum of yearly. These meetings will be used to further improve on program planning and implementation.

Specific areas that may require consideration for improvements are:

- Performance of listed healthcare providers
- Attendance at tests as scheduled
- Issues with accommodating unfit employees in other positions
- Handling of medical confidential information
- Review of program statistics
- Other matters aimed at overall improvement of the program

11. Document and Reference Information

Reference List

Table 1. References

Title	File Name - URL
Disability Management Website	http://hr2.chevron.com/disabilitymanagement/
Fitness for Duty Process	https://collab001-hou.sp.chevron.net/sites/corpoe/Shared%20Documents/Fitness%20for%20Duty%20OE%20Process.docx
Forms Management Website	http://formsmanagement.chevron.com/
GO-308 Repository	https://collab001-hou.sp.chevron.net/sites/OEFFD/GO308Rep/default.aspx
Medical Examination Program Website	http://hr.chevron.com/globalprograms/medical/mep/
Occupational Hygiene Process - Health Surveillance	http://collab001-hou.sp.chevron.net/sites/ETCHESDEPT/bcu/IT/HES_Intranet/HPS/CVX_OH_GlobalMedicalSurveillance.doc

Document Control Information

Table 2. Document Control

Description	Global Health & Medical	SBU Specific
Approval Date	23 August 2017	
Next Approval Due	Annual Reviews	
Control Number		

Document Change History

Changes to this document are listed in the table below in reverse order by change date.

Table 3. Document Change History

Date	Revision Number	Description of Change
From 1990 to 2010	1.0	Printed versions, several content updates
From 2011 to 2014	2.0	Electronic HTML versions, several content updates
31 July 2015	3.0	Electronic PDF version
July 2016	4.0	Updated MSEA exam components and PFT/Audiogram indications
July 2017	5.0	Several content updates

For questions regarding this document, please contact:

Global Health and Medical Center of Excellence

Ugochi Irikannu

CTN 372-0213

Email: Ugochi@chevron.com

Chapter Two

Medical Examination Protocols

Fitness for Duty Protocols – General



For-Cause Protocol

Purpose

Ensure employees are fit for duty after a reasonable suspicion of affected fit for work status.

Description

This procedure is a medical evaluation to be considered by the business for all employees who have been involved in an incident or whose behavior or performance has raised reasonable suspicion about their fitness to work safely and perform well. The procedure will screen employees for medical conditions or mental impairment that may have caused or contributed to the incident or behaviors causing concern. This evaluation will be managed by Global Health and Medical.

For prior approval for additional tests, contact your local Chevron Global Health and Medical regional medical manager or designated Chevron Global Health and Medical clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operating company policy
- Any other local and national/country regulations (e.g., Department of Transportation [DOT], Federal Aviation Administration)
- Drugs and Alcohol policies (HR No. 263 and 264)
- HR Policy 335, Medication Reporting Requirements
- American Medical Association's Guides to the Evaluation of Work Ability and Return to Work, second edition

Frequency

- As requested and individualized by case



Evaluation of Results and Actions

The content of the medical evaluation described below will depend on the individualized nature of the procedure, the severity of the symptoms being displayed, any potential illness the employee may be suffering from and the behaviors or incidents that bring into question the employee's ability to perform safely.

Supervisors should complete form [GO-1787](#) (*Supervisor checklist reasons to consider for-cause fitness for duty*) when there is a concern about the need for a For-Cause medical evaluation.

The For-Cause *Medical Evaluation Questionnaire* (form [GO-1840](#)) will help the examining health professional identify any organic or psychological components that may have caused or contributed to the behaviors or actions that raised concern. This may involve Employee Assistance and WorkLife Services (form [GO-1788](#), *Job Performance Checklist for Referral of Employee to EAP*, can be used for this purpose), a formal medical examination, functional capacity evaluation, or referral to a clinic or hospital.

Any medical examination that relates to the For-Cause protocol should be individualized based on the nature of the concern as well as the job duties and by reference to the completed [GO-1840](#). This may involve onsite medical tests where facilities are available, or may involve referral to other medical professionals for further opinion or testing. Review of a prescription medication regimen may be considered (following [HR Policy 335](#), *Medication Reporting Requirements*).

The health of the individual takes precedence over the requirement for any other part of this protocol.

Where allowed by law, drug and alcohol testing may be required in those instances where there has been a "near miss," a safety incident or an infraction that the supervisor judges to be serious. The *Supervisors Checklist Reasons to Consider For Cause Fitness for Duty* ([GO-1787](#)) form should also be used in this context. When in doubt, conduct drug and alcohol testing and a medical evaluation. In these instances, drug and alcohol testing should be conducted as soon as possible, provided there is no risk to the health of the employee or to the continuation of operations. Employees who are to be tested should remain onsite or be sent to a testing facility before being discharged from work.

In situations where the employee's physical appearance suggests the need for immediate medical attention (e.g., loss of consciousness, noticeable physical impairment, incoherence, inability to respond to inquiry), drug and alcohol testing may be waived in favor of immediate medical emergency response to identify and address any medical conditions that require attention. **Drug and alcohol testing should not delay or impede immediate medical emergency response.**

For-Cause Protocol (Cont.)

Evaluation Components

Forms

Supervisors Checklist Reasons to Consider For Cause Fitness for Duty	GO-1787
Job Performance Checklist for Referral to EAP	GO-1788
Request for Medical Service	GO-147-1
Physical Requirements and Working Conditions	GO-308
For-Cause Medical Evaluation Questionnaire	GO-1840
<u>Non-DOT Position</u> Urine Drug Screen ¹ <i>(Where allowed by local legislation)</i> or <u>U.S. Federally Regulated DOT Position²</u> <u>or other country requirements</u> Urine Drug Screen ¹ <i>(Where allowed by local legislation)</i>	Non-DOT Chain of Custody Federal Chain of Custody
Breath Alcohol Test ^{3,4}	
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance <i>(Examining physician provides clearance to continue, if required)</i>	GO-1835
Functional Capacity Evaluation Criteria <i>(Upon clearance by examining physician)</i>	Vendor-supplied or as found in the GO-308 Repository ⁵

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, to a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (form [GO-308](#)). An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

The FCE is needed to ensure that the employee can safely return to his or her work tasks.

Work Hardening

Work hardening is a multidisciplinary rehabilitation program designed to restore functional and work capacities to the injured worker through application of graded work simulation. Included are activities designed to improve overall physical condition, including strength, endurance and coordination specific to work activity, as well as means for coping with any remaining symptoms from the original problem, such as pain. Generally, it is administered by physical or occupational therapists that may be part of a team, which might include physicians, vocational counselors, psychologists and other rehabilitation professionals.

Work hardening may be considered for employees whose job tasks involve a physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form and who, having followed all prescribed physical therapy and treatment, are not able to satisfactorily complete the functional capacity evaluation.

Consult with your Chevron Health and Medical regional medical manager for additional work-hardening guidance.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ Where local regulations allow drug testing:

- For U.S. employees, contact Advanced Workplace Strategies, Inc. at 1-714-731-3084 for drug testing facilities, appropriate account numbers and required forms.
 - For non-U.S. employees, contact your local Chevron Health and Medical regional medical manager (for contact names, please refer to the [Medical Directory](#)).

² For U.S. candidates, contact the hiring supervisor or manager to determine if the position is a U.S. federally regulated DOT-covered position.

³ An alcohol screening device may be used for the initial test. However, a breathalyzer must be used if a confirmation test is required (that is, initial alcohol test ≥ 0.02).

⁴ For U.S. DOT employees, an approved screening device may be used for the initial test. An approved breathalyzer must be used if a confirmation test is required (that is, initial alcohol test ≥ 0.02 - 0.039 or initial alcohol test ≥ 0.02).

⁵ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Job Transfer Protocol

Purpose

Ensure that all employees in transfer are physically and mentally fit for duty to safely perform their new job without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This evaluation is **mandatory** and should be used for all employees who are transferring from their current position to another job function within the company with a significant change in physical requirements or geographic location of the transfer position based on the GO-308. This may be at the same location or at another geographic location in the same country. (Refer to the *Medical Suitability for Expatriate Assignment-MSEA*, medical protocol for employees who are transferring from one country to another country.)

For prior approval for additional tests, contact your local Chevron Global Health and Medical regional medical manager or designated Chevron Health and Medical clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operating company policy
- Palmer, Keith, *et al.* Fitness for Work: The Medical Aspects, Oxford University Press, fifth edition

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Following job transfer offer, within 90 days prior to start date

The content of this exam should be combined with any other Health Surveillance or Fitness for Duty exams that are required for the job function for which the candidate has been accepted. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination	GO-146
<u>Non-Department of Transportation (DOT) Position</u> Urine Drug Screen ¹ (Where allowed by local legislation) or <u>U.S. Federally Regulated DOT Position²</u> or other country requirements Urine Drug Screen ¹ (Where allowed by local legislation)	Non-DOT Chain of Custody Federal Chain of Custody
Vision Test	GO-146
Audiogram (based on GO-308 workplace exposure and periodically if enrolled in the hearing conservation program)	GO-653
Pulmonary Function Test (based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program)	GO-652-5
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (Examining physician provides clearance to continue, if required) (Including musculoskeletal assessment for FCE)	GO-1835 GO-1845
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

Musculoskeletal Assessment

The examining health professional should examine the musculoskeletal system to identify impairment or any pathology that would interfere with the execution of the individual's essential job functions and also to ensure that the individual is fit to undertake the functional capacity evaluation, when justified.

At a minimum, this evaluation will include testing of active range of motion, manual muscle strength, posture and gait, reflexes, flexibility, and joint integrity. In addition, particular attention should be paid to any history of back disorders and also to active recurrent or recently treated musculoskeletal conditions.

Job Transfer Protocol (Cont.)



A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation
(Upon clearance by examining physician)

Vendor-supplied
or as found in
the [GO-308
Repository](#)³

Provide Notices to Examining Physician

Request for Medical Service (if required)	GO-147-1
Physical Requirements and Working Conditions	GO-308

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ Where local regulations allow drug testing:

- For U.S. employees, contact Advanced Workplace Strategies, Inc. at 1-714-731-3084 for drug testing facilities, appropriate account numbers and required forms.
- For non-U.S. employees, contact your local Chevron Health and Medical regional medical manager (for contact names, please refer to the [Medical Directory](#)).

² For U.S. candidates, contact the hiring supervisor or manager to determine if the position is a U.S. federally regulated DOT-covered position.

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Pre-Placement/Post-Offer – Extensive Protocol

Purpose

Ensure prospective employees are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This exam may be mandatory for all new employees and rehires in non-U.S. locations, according to local legal framework. The GO-308 form, *Physical Requirements and Working Conditions* shall be used to determine the need of a medical examination.

For prior approval of additional tests, contact your local Chevron Global Health and Medical regional medical manager or designated Chevron Global Health and Medical clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operating company policy
- Palmer, Keith, *et al.* Fitness for Work. The Medical Aspects, Oxford University Press, fifth edition.
- [The Americans With Disabilities Act \(ADA\)](#)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Following job offer; prior to start date

The content of this exam should be combined with any other Health Surveillance or Fitness for Duty exams that are required for the job function for which the candidate has been accepted. No examination or test needs to be duplicated.

Evaluation Components¹

Forms

<u>Non-Department of Transportation (DOT) Position</u> Urine Drug Screen ² <i>(Where allowed by local legislation)</i> and Hair Sample <i>(Where allowed by local legislation)</i> Consent Form <i>(For urine and hair samples)</i> Or <u>U.S. Federally Regulated DOT Position³ or other country requirements</u> Urine Drug Screen ² <i>(Where allowed by local legislation)</i> and Hair Sample <i>(Where allowed by local legislation)</i> Consent Form <i>(ONLY for hair sample collection)</i> <i>(Consult with local legislation or refer to local company policy for guidance on site-specific testing requirements)</i>	Non-DOT Chain of Custody Chain of Custody (Psychomedics Lab) GO-1267 Federal Chain of Custody Chain of Custody (Psychomedics Lab) GO-1267
Evaluation component: Urine Dipstick	GO-146
History and Physical Examination	GO-146
Vision Test	GO-146
Audiogram <i>(based on GO-308 workplace exposure and periodically if enrolled in the hearing conservation program)</i>	GO-653
Pulmonary Function Test <i>(based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program)</i>	GO-652-5
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance <i>(Examining physician provides clearance to continue, if required)</i>	GO-1835

Pre-Placement/Post-Offer – Extensive Protocol (Cont.)

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation (Upon clearance by examining physician)	Vendor-supplied or as found in the GO-308 Repository ⁴
Functional Capacity Evaluation Clearance	GO-1835

Medical Clearance

Medical Examination Recommendations	GO-1789
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

Provide Notices to Examining Physician

Request for Medical Service (if required)	GO-147-1
Physical Requirements and Working Conditions	GO-308

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



¹ In the U.S., results of the drug screen and hair sample must be obtained prior to the medical evaluation component.

² Where local regulations allow drug testing:

- For U.S. employees, contact Advanced Workplace Strategies, Inc. at 1-714-731-3084 for drug and hair testing facilities, appropriate account numbers, appropriate laboratory and required form.
- For non-U.S. employees, contact your local Chevron Health and Medical regional medical manager (for contact names, please refer to the [Medical Directory](#)).

³ For U.S. candidates, contact the hiring supervisor or manager to determine if the position is a U.S. federally regulated DOT-covered position.

⁴ Available for those operating companies that have fully implemented the Operational Excellence Fitness for Duty process [GO-308 Repository](#).

Pre-Placement/Post-Offer – Limited Protocol

Purpose

Ensure prospective employees **not** in safety-sensitive positions are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This version of the exam may be used by operating companies where it has been decided that a medical evaluation is not necessary, as determined by the operating company in consultation with local legislation.

The following criteria must be considered for performing a drug screen and a hair sample test:

- Where applicable by local laws
- For office-based workers whose *Physical Requirements and Working Conditions* (GO-308) form confirms that they are not exposed to workplace hazards
- When respirator clearance is not required
- When position is not safety-sensitive

Evidence Basis and Regulatory Reference

- Operating company policy
- Palmer, Keith, *et al.* *Fitness for Work. The Medical Aspects.* Oxford University Press, fifth edition.

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Following job offer; prior to start date

Evaluation Components

Non-Department of Transportation (DOT) Position

Urine Drug Screen¹
(Where allowed by local legislation)
and

Hair Sample
(Where allowed by local legislation)

Consent Form
(For urine and hair samples)

Or

U.S. Federally Regulated DOT Position² or other country requirements

Urine Drug Screen¹
(Where allowed by local legislation)
and

Hair Sample
(Where allowed by local legislation)

Consent Form
(**ONLY** for hair sample collection)

Forms

Non-DOT Chain of Custody

Chain of Custody
(Psychomedics Lab)

[GO-1267](#)
or any local consent form

Federal Chain of Custody

Chain of Custody
(Psychomedics Lab)

[GO-1267](#)

Provide Notices to Examining Physician

Request for Medical Service (if required) [GO-147-1](#)

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ Where local regulations allow drug testing:

- For U.S. employees, contact Advanced Workplace Strategies, Inc. at 1-714-731-3084 for drug and hair testing facilities, appropriate account numbers, appropriate laboratory and required form.
- For non-U.S. employees, contact your local Chevron Health and Medical regional medical manager (for contact names, please refer to the [Medical Directory](#)).

² For U.S. candidates, contact the hiring supervisor or manager to determine if the position is a U.S. federally regulated DOT-covered position.

Return-to-Work Protocol

Purpose

Ensure employees can return to work safely and within their abilities.

Description

This is an evaluation for all employees returning to work following an illness or injury. Strategic business units have the ability to define the timeframe. This ensures that the individual is fit to safely return to work and is capable of performing the essential functions of the job. If you have any questions regarding the Fitness for Duty process, please consult with local management or your Human Resources business partner.

If any of the following circumstances develop during an "off rotation" or time away from work, notification to Global Health and Medical should be done as soon as possible:

- Operation requiring general anesthesia
- One night or more spent in the hospital
- A new condition has been investigated or diagnosed that could affect vision, hearing, mobility, alertness or effectiveness at work

Employees whose absence from work has been for treatment or discipline due to drug or alcohol abuse issues must provide a negative return-to-work drug and alcohol test before returning to work.

For prior approval for additional tests, contact your local Chevron Global Health and Medical regional medical manager or designated Chevron Global Health and Medical clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operating company policy
- HR U.S. Policy 114 (U.S.-Payroll Employees Sickness and Injury)
- American Medical Association's Guides to the Evaluation of Work Ability and Return to Work, second edition

Local laws and regulations may supersede the requirements of this procedure. To ensure legal compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Not applicable

Following a workplace absence related to an illness or injury and prior to resuming duties, the employee's personal physician must provide clearance to return to work. A Chevron-approved clinician shall review the case to provide final clearance (local regulations are to be considered).

The content of the return to work evaluation will depend on the nature and severity of the illness or injury and also on the nature of the essential job demands and physical components of the position.

Following a significant illness or injury, an individual returning to work with a physical component may need a medical evaluation, which could include medical reports and a functional capacity evaluation (FCE) and may require temporary accommodation measures.

Evaluation Components

Forms

Return to Work Health Evaluation and Clearance	GO-1839
<u>Non-Department of Transportation (DOT) Position</u> Urine Drug Screen ¹ <i>(Where allowed by local legislation)</i> or <u>U.S. Federally Regulated DOT Position² or other country requirements</u> Urine Drug Screen ¹ <i>(Where allowed by local legislation)</i> Breath Alcohol/Urine Alcohol ^{3, 4} <i>(Where allowed by local legislation)</i>	Non-DOT Chain of Custody Federal Chain of Custody
Breath Alcohol/Urine Alcohol ^{3, 4}	Lab Report
Basic Medical Examination <i>(if required as per case)</i>	
History and Physical Examination <i>(including musculoskeletal exam for FCE)</i>	GO-146
Vision Test	GO-146
Audiogram <i>(based on GO-308 workplace exposure and periodically if enrolled in the hearing conservation program)</i>	GO-653
Pulmonary Function Test <i>(based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program)</i>	GO-652-5
Additional tests may be requested based on essential job demands <i>(Refer to the GO-308 form)</i>	
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance <i>(Examining physician provides clearance to continue, if required)</i>	GO-1835

Return-to-Work Protocol (Cont.)

Functional Capacity Evaluation (If Required)

(To ensure employee can safely return to his or her work tasks)

An FCE may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation
(Upon clearance by examining physician)

Vendor-supplied
or as found in
the [GO-308
Repository](#)⁵

Work Hardening

Work hardening should be considered for employees whose job tasks involve a physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form, and who, having followed all prescribed physical therapy and treatment, have not been able to satisfactorily complete the functional capacity evaluation.

Consult with your Chevron Global Health and Medical regional medical manager for additional work-hardening guidance.

Work hardening is a multidisciplinary rehabilitation program designed to restore functional and work capacities to the injured worker through application of graded work simulation. Included are activities designed to improve overall physical condition, including strength, endurance and coordination specific to work activity, as well as means for coping with any remaining symptoms from the original problem, such as pain. Generally, it is administered by physical or occupational therapists that may be part of a team, which might include physicians, vocational counselors, psychologists and other rehabilitation professionals.

Communications

Return-to-Work status shall be communicated to the employee, supervisor and treating physician by the Chevron Global Health and Medical regional medical manager, or designated Chevron Global Health and Medical clinician.

Medical examiners are requested to communicate pertinent exam-related health findings to the examinee and Chevron Global Health and Medical and **not make a fitness determination**.

If limitations are identified during the Return-to-Work process, decisions regarding ability to reasonably accommodate are to be made by the supervisor, Human Resources, Global Health and Medical, and Legal. The affected employee is informed accordingly.

- Medical confidentiality should be maintained at all times, unless there are overriding concerns for the individual's safety or the safety of others, supported by the Ethics Code and local legislations.
- Unless otherwise agreed, medical providers must communicate examination results to the company within 48 hours.
- Fit/Fit With Restrictions/Not Fit determination is made by Global Health and Medical who will then endorse or modify as appropriate and forward to the employee, supervisor, treating physician and other stakeholders as needed

Medical Clearance

Clearance may also be required for
respirator use

[GO-1310-Q](#)
[GO-1310-R](#)

Transitional Return to Work Plan, (when
required)

[GO-1910](#)

U.S.-payroll employees: Reference the [HR Disability Management](#) website.

Provide Notices to Examining Physician

Physical Requirements and Working
Conditions

[GO-308](#)

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ Where local regulations allow drug testing:

- For U.S. employees, contact Advanced Workplace Strategies, Inc. at 1-714-731-3084 for drug and hair testing facilities, appropriate account numbers, appropriate laboratory and required form
- For non-U.S. employees, contact your local Chevron Health and Medical regional medical manager (for contact names, please refer to the [Medical Directory](#)).

² For U.S. candidates, contact the hiring supervisor or manager to determine if the position is a U.S. federally regulated DOT-covered position.

³ An alcohol screening device may be used for the initial test. However, a breathalyzer must be used if a confirmation test is required (that is, initial alcohol test ≥ 0.02).

⁴ For U.S. DOT employees, an approved screening device may be used for the initial test. An approved breathalyzer must be used if a confirmation test is required (that is, initial alcohol test ≥ 0.02 -0.039 or initial alcohol test ≥ 0.02).

⁵ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Screening for Functional Capacity Evaluation Protocol

Purpose

Clear an employee as fit to undertake the functional capacity evaluation (FCE) when required as part of a medical evaluation.

Description

This evaluation should be used for those workers who are required to undertake a functional capacity evaluation as defined by part one of the job's *Physical Requirements and Working Conditions* (GO-308) form.

Evidence Basis and Regulatory Reference

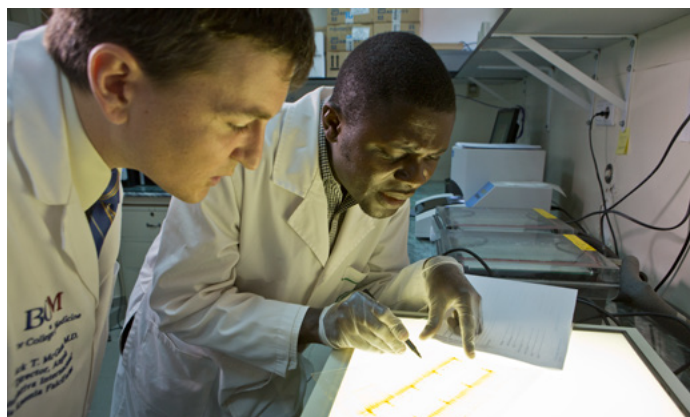
- Operating company policy
- American Medical Association's Guide to the Evaluation of Functional Ability

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Following job offer, prior to start date (excludes limited pre-placement/post-offer)
- During job transfer when the new job has greater physical demands
- Return-to-work post-injury or illness absences
- As defined in other medical examination protocols with an FCE requirement.

The content of this exam should be combined with any other Health Surveillance or Fitness for Duty exams that are required for the job function for which the candidate has been accepted. No examination or test needs to be duplicated.



Evaluation Components

Forms

Health Screening Questionnaire (*Candidate should complete the questionnaire prior to the medical evaluation*)

GO-1846

Medical Evaluation (*As indicated on the Request for Medical Service [GO-147-1] form from the issuing office*)

Where the health screening questionnaire identifies a medical condition that may interfere with the functional capacity evaluation or exacerbate an existing illness or injury, a formal medical evaluation by a health care professional will be required. The content of this evaluation will depend on the medical condition and should ascertain the candidate's ability to participate in the functional capacity evaluation for the position.

Musculoskeletal Assessment

GO-1845

The examining health professional should examine the musculoskeletal system to identify any impairment or pathology that would interfere with the execution of the individual's essential job functions and also to ensure that the individual is fit to undertake the functional capacity evaluation.

At a minimum, this evaluation will include testing of active range of motion, manual muscle strength, posture and gait, reflexes, flexibility, and joint integrity. In addition, particular attention should be paid to active recurrent or recently treated musculoskeletal conditions.

Functional test components should match the essential job tasks and include, at minimum, tolerances for standing, walking, weight handling, push and pull, balance, squatting and step climbing.

Cardiovascular Screening

GO-1844

The examining health professional should examine the cardiovascular system to identify any impairment or pathology that would interfere with the execution of the individual's essential job functions, as well as pathology that would limit the participation of the employee in the functional capacity evaluation or might be exacerbated by physical activity with the potential to endanger health or cause injury.

Resting EKG (*if clinically indicated*)

EKG Tracing and Report

Exercise Treadmill Test (ETT)

ETT Report

Screening for Functional Capacity Evaluation Protocol (Cont.)

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets the local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- Framingham (U.S.)
- Qrisk2 (U.K.)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools. For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (Examining physician provides clearance to continue with FCE, if required)	GO-1835

Functional Capacity Evaluation

(If required to ensure employee can safely return to his or her work tasks; that is, the employee's capabilities are equal to or exceed the demands of the job)

An FCE may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

The functional capacity test should specifically relate to the essential job tasks identified in the job description.

Functional Capacity Evaluation (Upon clearance by examining physician)	Vendor-supplied or as found in the GO-308 Repository ¹
Functional Capacity Evaluation Clearance (Functional capacity evaluator provides confirmation of successful completion of FCE)	GO-1835

Provide Notices to Examining Physician

Request for Medical Service	GO-147-1
Physical Requirements and Working Conditions	GO-308

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Fitness for Duty Protocols – Specific



Certified Welding Inspector Exam Protocol

Purpose

Ensure certified welding inspectors meet visual acuity requirements of position.

Description

Exam for any Senior Certified Welding Inspector, Certified Welding Inspector, and Certified Associate Welding Inspector. Near vision acuity is considered essential to the proper performance of welding examination.

For prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- AWS QC1:2016
- AWS B5.1:2013-AMD1, Specification for the Qualification of Welding Inspectors

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial
- Periodic – Every three years

This medical evaluation should be combined with any other appropriate health surveillance or fitness for duty medical evaluations that are required for the job function of the selected candidate. No examination or tests needs to be duplicated.

Evaluation Components

Forms

Vision Test – Acuity and color perception (able to read Jaeger Number 2 letters or smaller at a minimum distance of 12 inches (or equivalent test) in at least one eye with or without correction)

[Go 2034](#)

Medical Clearance

Vision Screening Test

[Go 2034](#)

Wellness Resources

Refer to [Appendix 6](#) or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Corporate-Sponsored Spill Responder Teams Protocol

Purpose

Ensure members of corporate-sponsored spill responder teams are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is a **mandatory** exam for members of the Chevron corporate-sponsored spill responder teams, as follows:

- Advisory and Resource Team (ART)
- Environmental, Safety, Fire and Health (ESF&H) Functional Team
- Functional Team
- Worldwide Emergency Response Team (WWERT)

Members may be required to travel internationally at short notice. This exam is **not** to be used for local emergency response teams (see Emergency Response Team [ERT] protocol) as designated by the Corporate Health, Environment and Safety Emergency Response staff.

For prior approval for additional tests, contact your Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operational Excellence - Fitness for Duty
- Operating company policy
- Physically Strenuous Training Standard

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic
 - Every two years¹ (ART and WWERT teams **only**).
 - Every three years¹ (ESF&H and functional teams **only**).

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

International Travel Medical Questionnaire	GO-1773
History and Physical Examination (<i>initial and periodic</i>)	GO-146/GO-146-P
Vision Test	GO-146/GO-146-P
Audiogram (<i>based on GO-308 workplace exposure and periodically if enrolled in the hearing conservation program</i>)	GO-653
Pulmonary Function Test (<i>based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program</i>)	GO-652-5
Chest X-Ray PA (<i>if clinically indicated</i>)	X-Rays Report
Blood Chemistry ²	Lab Report
CBC With Differential and Platelet Count ²	Lab Report
Urinalysis ²	Lab Report
EKG - Resting (<i>if clinically indicated</i>)	EKG Tracing and Report
Exercise Treadmill Test (ETT)	ETT Report

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

Corporate-Sponsored Spill Responder Teams Protocol (Cont.)



An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Immunizations for International Travel
(see immunization chart)

[GO-1808](#)

Authorization for Disclosure of Health Information

[GO-1075](#)

Functional Capacity Evaluation
Clearance (If indicated as required on
the GO-308 form, examining physician
provides clearance to continue)

[GO-1835](#)

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation
(If required, upon clearance by
examining physician)

Vendor-supplied
or as found in
the [GO-308
Repository](#)³

(If required, functional capacity
evaluator provides confirmation of
successful completion of FCE)

[GO-1835](#)

Corporate-Sponsored Spill Responder Teams Protocol (Cont.)

Malaria Prevention

Regarding international travel where malaria is endemic, prevention education and dispensing of malaria prevention (prophylaxis) medication is part of the exam.

Malarone^{®4} medication is preferred for malaria prevention (prophylaxis) for team members. Unless medically contraindicated, each team member will be given 10 tablets of Malarone medication for use. If the exam is performed at a non-Chevron medical provider, a prescription for Malarone is acceptable, with instructions for team members to fill the prescription and file under their medical insurance.

Team members should take precautions in obtaining prophylactic medications in advance since in some countries antimalarial drugs are controlled by the government and not easily dispensable.

Malaria computer-based training shall be taken before traveling to an endemic area.

Recommended Immunizations

The employee can start immunizations when found medically fit for business travel.

Immunization	Primary	Booster
Hepatitis A	Months 0 and 6	N/A
Hepatitis B	Months 0, 1 and 6	N/A
Twinrix ^{®5} Vaccine (Combined Hepatitis A and Hepatitis B) <ul style="list-style-type: none">Routine ScheduleAlternative schedule	Months 0, 1 and 6 Days 0, 7, 21 to 30	N/A One-time dose at 12 months
Influenza	One dose annually	One dose annually
Measles (Attenuvax^{®6} Vaccine) or MMR Live Vaccines <ul style="list-style-type: none">International travel guidanceContraindicated during pregnancy	Second dose is given no sooner than 4 to 8 weeks after first dose	Two doses as an adult (only if born after 1957), laboratory evidence of nonimmunity or if there is a reason to believe the person might be susceptible
Polio	Months 0, 1 and 6	One-time dose of inactivated vaccine as an adult
Tetanus/Diphtheria <ul style="list-style-type: none">Tdap, a one-time booster dose, should be given with a later dose of tetanus/diphtheria	Months 0, 1 and 6	Every 10 years
Typhoid <ul style="list-style-type: none">Oral (live vaccine) and not given during pregnancyInjectable	Days 1, 3, 5 and 7 One dose	Every 5 years Every 2 to 3 years
Yellow Fever <ul style="list-style-type: none">Contraindicated during pregnancyMay be required for entry into some countriesGive live vaccines together or wait one month	One dose	Every 10 years

Medical Clearance

Medical Examination Recommendations	GO-1789
Respirator Clearance (May be required for some individual team members. Consult with your team leader.)	GO-1310-R GO-1310-Q
Spill Response Team	GO-146/GO-146-P

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Corporate-Sponsored Spill Responder Teams Protocol (Cont.)

Special Circumstances Only

Immunization	Primary	Booster
Cholera <ul style="list-style-type: none"> U.S. injectable vaccine is not widely available or used If traveling to area of cholera outbreak, coming from a country where cholera vaccine is not available (i.e. United States) document "not given" on immunization card. 	Weeks 0 and 1 to 4	Every 6 months
Japanese Encephalitis	Days 0 and 28	One dose more than 1 year after completing primary series
Rabies	Days 0, 7 and 21 or 28 days	Post-exposure therapy if indicated
Meningococcal Meningitis <ul style="list-style-type: none"> Meningococcal quadrivalent A, C, Y, W-135 is recommended by U.S. Centers for Disease Control (CDC) May be required for entry into some countries MCV4 55 years and younger MPSV4 56 years and older MCV4 56 years and older who have received MCV4 previously 	<ul style="list-style-type: none"> One dose 0 and 2 months if HIV, asplenia or complement deficiency 	Every 5 years
Pneumococcal (PPSV23)	One dose	Every 5 years



¹ If an employee's fitness or health is in question at any time, a special evaluation should be arranged.

² If using Quest Diagnostics in the U.S., order panel 337250.

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

⁴ Malarone is a federally registered trademark of Glaxo Group Limited.

⁵ Twinrix is a federally registered trademark of GlaxoSmithKline Biologicals.

⁶ Attenuvax is a federally registered trademark of Merck Sharp & Dohme Corp.

Emergency Responder Protocol

Purpose

Ensure emergency responders are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is a **mandatory** exam to ensure that employees who are members of an Emergency Response Team (ERT) are physically capable of performing duties that may be assigned to them during emergencies. This exam is appropriate for employees who have a designated emergency response role in addition to their normal duties. Some of these employees will have a range of duties, including assisting with a controlled platform evacuation and casualty search and rescue.

In the United States, this exam may be appropriate for employees who have had only Level I or Level II Hazardous Waste Operations and Emergency Response (HAZWOPER) training.

Personnel whose job duties include fire brigade, corporate spill response, or HAZWOPER Level III or Level IV activities should reference the appropriate medical examination program protocols.

Participation in emergency response could require engaging in significant physical activity suddenly and without warning. It may also require working in a variety of potentially stressful environmental conditions, sometimes with long hours and extended physical demands in situations significantly beyond the individual's routine job duties.

The roles of some ERT members will involve wearing protective clothing and breathing apparatus that further add to the physical load.

Examining physicians must satisfy themselves that individuals do not have any medical condition that is likely to impair their ability to perform the essential duties required for their emergency response role and that the performance of such duties is unlikely to have a significant adverse effect on the medical condition.

For prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Some members of the ERT – for example, emergency medical technicians (EMTs) – may fall under the blood-borne pathogens standard. Contact your local Health, Environment and Safety representative for additional information.

Evidence Basis and Regulatory Reference

As determined by the operating company in compliance with local legislation.

- Operating company policy
- Operational Excellence – Fitness for Duty Process
- Operational Excellence – Physically Strenuous Training Standard
- American Thoracic Society

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial – Upon enrollment
- Periodic – Annually (If FCE required, initial and periodic – every two years)

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination (See <i>medical fitness standards</i> below)	GO-146-P
Vision Test	GO-146-P
Audiogram (based on GO-308 workplace exposure and periodically if enrolled in the hearing conservation program)	GO-653
Pulmonary Function Test (based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program)	GO-652-5
CBC With Differential and Platelet Count ¹	Lab Report
Blood Chemistry ¹	Lab Report
Urinalysis ¹	Lab Report
EKG – Resting (if clinically indicated)	EKG Tracing & Report
Exercise Treadmill Test (ETT) (if required)	ETT Report

Emergency Responder Protocol (Cont.)

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (If indicated as required on the GO-308 form, examining physician provides clearance to continue. If FCE required, initial and periodic - every two years)	GO-1835
Cardiovascular Assessment	GO-1844

ERT members will be required to undergo cardiovascular assessment to ensure they have the stamina to engage in sudden and sustained physical activity. It is appropriate to use the measurement of maximal oxygen uptake (VO₂ max) to predict aerobic capability and resistance to fatigue. The recommended standards are related to the physical requirements of the various emergency responder groups related to the risk assessment for each installation or location. This submaximal test may be included with the cardiovascular stress test that was performed as part of the positive cardiovascular risk factors defined above, or it may be performed as a stand-alone procedure.

A risk assessment should be performed to define the level of activity that is related to the emergency duties tasked to the ERT job category. Frontline response involving significant physical activity, which may include fire suppression, normally requires an achieved VO₂ max of 39-42 mls/kg/min. A lower VO₂ max level is acceptable but warrants a work conditioning program to achieve required range. Duties such as supportive functions that may require less physical activity require an achieved VO₂ max of at least 35. Sedentary functions may not require any aerobic capacity standard.

A Functional Capacity Evaluation (FCE) may be performed on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. If FCE is required, an initial FCE should be performed and then performed periodically every two years. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation (If required, initial and periodic - every two years)	Vendor-supplied or as found in the GO-308 Repository ²
Functional Capacity Evaluation Clearance (If required, functional capacity evaluator provides confirmation of successful completion of FCE)	GO-1835

A tetanus booster is recommended if one has not been given in the last 10 years.

A hepatitis B vaccination is recommended.

Emergency Responder Protocol (Cont.)

Medical Clearance

Medical Examination Recommendations	GO-1789
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



Appendix

The examining physician should, in particular, consider the following when making an assessment:

Respiratory Function

Individuals with obstructive or reactive lung disease are normally unacceptable. All ERT members who may wear a breathing apparatus must have their respiratory function tested and should meet the minimum standards. Refer to publication on [Interpretative strategies for lung function tests](#). **The clinician's judgment shall prevail over tests results.**

For individuals who do not meet these criteria, consult with your Chevron Health and Medical regional medical manager or Chevron occupational health clinician for guidance.

Cardiovascular System

Any form of cardiac pathology, including dysfunction or myocardial insufficiency, will normally render an individual unacceptable for ERT duty. Individuals with cardiovascular disease are at significant risk during all phases of emergency response and should be excluded from the team until the pathology is resolved or treated. Mild hypertension, controlled if necessary by medication, may be acceptable, provided the medication does not limit exercise tolerance.

Note: The use of some drugs, for example beta blockers, may interfere with the standard evaluation of cardiovascular aerobic function and, therefore, alternative methods (that is, physiological laboratory) may need to be considered.

Hematological Disorders

Conditions that increase the chance of hemorrhage or impairment of circulation normally preclude an employee from ERT activities. Anemia should be investigated and assessed following treatment of the underlying condition. Leukemia and lymphomas will need specialist review to assess the individual's fitness to perform ERT activities.

Nervous System

A history of epilepsy, recurrent impaired consciousness, vertigo or impaired coordination is unacceptable for ERT members.

Psychological Disorders

Phobic anxiety related to heights or confined spaces is unacceptable. Evidence of current alcohol or substance abuse is unacceptable. History of significant/recurrent anxiety or depression is normally unacceptable.

Emergency Responder Protocol (Cont.)

Vision

A minimum standard of 20/30 (6/9) with both eyes open is required, using appropriate corrective lenses compatible with breathing apparatus use, if necessary. If visual correction is required, an uncorrected visual acuity of 20/200 (6/60) with both eyes open is appropriate to allow the safe escape of the individual following a catastrophic event. Visual fields must be normal. Monocular vision is unacceptable.

Hearing Impairment

Individuals should be able to hear conversational speech without difficulty. A hearing impairment in excess of 40 decibels (dB) in the better ear (averaged over 0.5, 1, 2 and 3 kilohertz [kHz]) may raise doubts about the ability of an individual to hear in a hazardous environment. Such cases should be individually assessed by the examining physician, but are normally unlikely to be fit for unrestricted ERT membership.

Endocrine Disease

Endocrine disease, such as Hyper or Hypothyroidism, Addison disease, insulin-dependent diabetes mellitus, etc., irregularly controlled despite ongoing treatment and dependence on medication will normally render an individual unfit to participate in an ERT.

Tumors and Malignant Disease

Malignant disease that is newly diagnosed, untreated, currently being treated or under surveillance due to increased risk of recurrence is normally unacceptable.

Skin Disease

Any dermatological condition that could interfere with the respiratory face piece fit test requires full assessment.

Musculoskeletal System

The examining physician should examine the musculoskeletal system to exclude any pathology that would interfere with the execution of the individual's essential job functions in the ERT and also to ensure that the individual is fit to undertake the physical fitness assessment and functional capacity evaluation. At a minimum, this evaluation will include confirmation that the following are within the normal range: skeletal integrity, active range of motion, limb strength, reflexes, flexibility and joint integrity. In addition, particular attention should be paid to any history of back disorders that may be exacerbated by the physical components of the emergency duties.



Medication

Individuals dependent on medication required to control an identified medical condition that would deteriorate significantly should a dose be missed will normally be unfit for ERT membership, as will those taking medication that causes side effects that would interfere with any of the ERT functions.

Individuals on chemotherapy are not usually considered fit because of the possible acute and chronic side effects associated with this type of treatment.

¹ If using Quest Diagnostics in the U.S., order panel 337250.

² If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Fire Brigade Protocol

Purpose

Ensure members of a fire brigade are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is a **mandatory** exam to ensure that employees who are members of a fire brigade are medically fit and physically capable of performing duties that may be assigned to them during emergencies.

Fitness for duty for the firefighting team is dependent on the individual's meeting the fitness standards as described in the *NFPA 1582: Comprehensive Occupational Medical Program for Fire Departments*. This document identifies the medical conditions that would exclude an employee from inclusion on a team involved in fire suppression. It is important that the practitioners carrying out these examinations be familiar with these regulations and the proposed working conditions.

Evidence Basis and Regulatory Reference

- National Fire Protection Association (NFPA) 1582 - *Standard on Medical Requirements for Firefighters* (2013)
- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.156)
- Operating company policy
- Operational Excellence - Physically Strenuous Training Standard

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic - Annually

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination	GO-146/GO-146-P (if periodic medical exam)
Vision Test (visual acuity, depth perception, color and peripheral fields)	GO-146/GO-146-P
Audiogram, (as baseline and periodically if enrolled in a hearing conservation program)	GO-653
Pulmonary Function Test	GO-652-5
CBC With Differential and Platelet Count ¹	Lab Report
Blood Chemistry ¹	Lab Report
Urinalysis ¹	Lab Report
TB Test (IGRA or QuantiFERON ^{®2}) or TB Skin Test (TST) (if TB Lab test is not available)	Lab Report TST Report
Chest X-Ray (PA view), initially and then only if clinically indicated	X-Ray Report
EKG - Resting (if clinically indicated)	EKG Tracing & Report
Exercise Treadmill Test (ETT) (if clinically indicated)	ETT Report
Cardiovascular Assessment	GO-1844
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (If indicated as required on the GO-308 form, initial, then as clinically indicated and /or every two years. Examining physician provides clearance to continue)	GO-1835
Functional Capacity Evaluation Upon clearance by examining physician. If required, initial, then as clinically indicated and /or every two years	Vendor-supplied or as found in the GO-308 Repository ³

Fire Brigade Protocol (Cont.)

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

¹ If using Quest Diagnostics in the U.S., order panel 337250.

² QuantiFERON is a federally registered trademark of Cellestis, a QIAGEN company.

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Fire brigade members will be required to undergo cardiovascular assessment to ensure they have the stamina to engage in sudden and sustained physical activity. This submaximal test may be included with the cardiovascular stress test that was performed as part of the positive cardiovascular risk factors defined above, or it may be performed as a stand-alone procedure. Medical standards require a VO_2 max range of 39-42 mls/kg/min. A lower VO_2 max level is acceptable but warrants a work conditioning program to achieve required range.

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form or as defined in the NFPA 1582: *Standard on Medical Requirements for Firefighters* (2013).

Medical Clearance

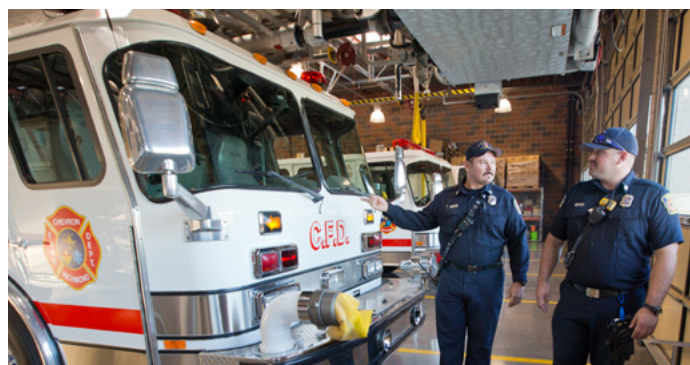
Fire Brigade	GO-146 (initial exam) GO-146-P (periodic exam)
Medical Examination Recommendations	GO-1789
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



Helicopter Underwater Evacuation Training Protocol

Purpose

The purpose of this exam is to ensure that employees are fit to endure the physical demands of training programs such as Helicopter Underwater Evacuation Training (HUET).

Description

The HUET course simulates situations that may stress the participant both physically and mentally. Our employees are required to participate in HUET programs to learn how to safely evacuate during an underwater helicopter crash.

Evidence Basis and Regulatory Reference

- Operational Excellence - Offshore Helicopter Transport Emergency Training Standard

This is for all employees required to travel in helicopters to offshore destinations.

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - New hires, job transfers and existing employees
- Periodic - Examination performed within 12 months of training; more frequent if medically indicated



Evaluation Components

Forms

Authorization for Release of Medical Information	Medical Consent Release GO-1075
Physical Requirements and Working Conditions	GO-308 for HUET Training
History and Physical Examination	Periodic Medical History & Physical Examination GO-146-P
Pulmonary Function Test (if clinically indicated)	Pulmonary Function Test GO-652-5
Visual Acuity	Periodic Medical History & Physical Examination GO-146-P
Blood Chemistry (total cholesterol, HDL cholesterol, fasting blood sugar)	Lab Report
EKG - Resting	EKG Report
Exercise Treadmill Test (ETT) (if clinically indicated)	ETT Report

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected employee. No examination or test needs to be duplicated.

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

Helicopter Underwater Evacuation Training Protocol (Cont.)



An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form. The FCE shall be completed based on the [HUET GO-308 form](#).

Functional Capacity Evaluation Clearance. If FCE is required, initial and as clinically indicated and/or every two years.
(Functional capacity evaluator provides confirmation of successful completion of FCE)

FCE Clearance
(GO-1835)

Medical Clearance

HUET Participant

Medical Examination
Recommendations
(GO-1789)

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Hoistman and Crane Operator Protocol

Purpose

Ensure hoistman and/or crane operators are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

Exam for hoistman and/or crane operators who are expected to perform mainly lifting and rigging operations on company premises.

Unless covered by U.S. state or other countries' regulations, operating companies may follow the National Commission for the Certification of Crane Operators' (NCCCO's) national certification program for meeting the Occupational Safety and Health Administration's (OSHA's) requirements for crane operator proficiency.

- Onshore and all others: Any person responsible for the operation of cranes, derricks and boom-type excavators. This does not apply to aerial devices designed and used for positioning personnel.
- Any other U.S. Region and rest of Countries: Any person who is authorized to operate a crane, derrick or hoist.
- Mining: Any person who works in a surface metal or nonmetal mine, including open pit mines, who is responsible for the operation of hoists and personnel hoisting.

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Mine Safety and Health Administration (MSHA) (30 CFR, Subchapter N, Part 56)
- OSHA (29 CFR 1910.179 R referenced to ASME/ANSI B30.5-2004)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 4884 referenced to ASME/ANSI B30.5-2004)
- Operating company policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** (pre-placement)
- Periodic - Mining operations (annually)
- Onshore and all others - Every three years
- When needed to satisfy other countries' requirements
- When medically indicated

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination (Includes assessment of strength, endurance, agility, coordination, reaction time and emotional stability; disorders related to seizures, physical defects or loss of physical control may cause disqualification.)	GO-146 (initial exam) or GO-146-P (periodic exam)
Vision Test (Snellen - At least 20/30 in one eye and 20/50 in the other, with or without corrective lenses; also include depth perception, field of vision and color differentiation, if needed)	GO-146 (initial exam) or GO-146-P (periodic exam)
Hearing Test or Audiogram (as baseline or periodic if enrolled in a hearing conservation program)	GO-653
Urinalysis	GO-146 (initial exam) or GO-146-P (periodic exam)
Authorization for Disclosure of Health Information	GO-1075

Medical Clearance

Medical Examination Recommendations	GO-1789
Hoistman/Crane Operations	GO-146 (initial exam) or GO-146-P (periodic exam)

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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A tetanus booster is recommended if one has not been given in the last 10 years.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Hoistman/Crane Operator – GOM Offshore Protocol

Purpose

Ensure hoistman and/or crane operators at the Gulf of Mexico Business Unit (GOM) are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

Exam for any person responsible for the operation of offshore cranes: pedestal-mounted revolving cranes on bottom-supported offshore platforms, jack-up drilling rigs, semisubmersible drilling rigs, temporary cranes (self-erecting, leapfrog or bootstrap) and other types of floating drilling equipment.

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Department of the Interior (30 CFR 250.51 referenced to API RP 2D)
- Operating company policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** (pre-placement)
- Periodic - Every four years

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

Medical History	GO-1660
Vision Test	GO-1659

A tetanus booster is recommended if one has not been given in the last 10 years.

Medical Clearance

Hoistman/Crane Operations	GO-1659
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



Mariner Protocol (Chevron Shipping Company)

Purpose

Ensure prospective and current maritime employees are physically and mentally fit for duty in order to perform the essential functions of the job effectively and without undue risk to themselves, other crew members, the public, the environment, and the company's assets and reputation.

Description

Exam for employees who will be working on seagoing vessels (deemed mariners/seafarers).

The duties of all mariners include both routine and emergency response/firefighting duties. Routine duties include physical demanding tasks to include accessing cramped spaces on rolling vessels, climbing steep stairs or vertical ladders, full participation in firefighting and lifesaving activities, and standing alert on four- to six-hour watches. Consideration of medical fitness should include isolation from professional medical services for up to two weeks during distant water voyages and sailing for three to six months at a time.

Evidence Basis and Regulatory Reference

Mariners are deemed **safety sensitive** based on the duties and hazards of the position. They are required to undergo medical examinations to reduce risks to themselves, crew members, and the public. This required exam is aligned with Chevron's Operational Excellence Fitness for Duty process.

Below are published international and country-specific medical guidance from the mariners' home countries or where the medical examinations are conducted.

- International Labour Organization (ILO)
 - International Maritime Organization (IMO)
 - Maritime Labor Convention (MLC, 2013)
 - International Convention and Code on Standards of Training, Certification and Watch Keeping for Seafarers (STCW)
- United States - U.S. Coast Guard (USCG) and Department of Transportation (DOT)
 - USCG - Navigation and Vessel Inspection Circular No. 04-08, CH-1 (2013)
 - DOT - USCG (46 CFR parts 10.709 & 197.560)
- United Kingdom - Maritime and Coastguard Agency
 - Merchant Shipping Notice 1822 (2010)
 - Approved Doctor's Manual - Seafarer Medical Examinations (2015)

- Philippines
 - Department of Transport
 - Marine Notice No. 38 of 2014
- India
 - International Labour Organization
 - STCW
- Bahamas
 - Bahamas Maritime Authority
 - International Labour Organization
 - STCW

Note: Chevron Shipping Company mariner medical standards are a harmonization of the above medical guidance in order to provide a consistent level of fitness certification across all regions based on a uniform standard. Local laws and regulations may supersede the requirements of this procedure.

Frequency

- Initial - **Mandatory** (pre-placement/post-offer)
- Periodic - Every two years (or sooner if clinically indicated)

The content of this exam should be combined with any other Health Surveillance or Fitness for Duty exams that are required for the job function for which the candidate has been accepted. No examination or test needs to be duplicated.



Mariner Protocol (Chevron Shipping Company) (Cont.)

Evaluation Components

Forms

Medical History, Physical and Vision Test/ Ophthalmological Exam <i>(visual acuity both distance and near, depth perception, color, and visual fields)</i>	GO-146 <i>(initial)</i> GO-146-P <i>(periodic)</i>
Audiogram <i>(as a baseline; periodically if enrolled in a hearing conservation program)</i>	GO-653
Pulmonary Function Test	GO-652-5
EKG - Resting (Ages 40 and over)	
Immunizations: <ul style="list-style-type: none"> Diphtheria/Tetanus Booster - every 10 years Hepatitis A/B Series <i>(if not already given)</i> Meningitis - every 5 years; types A and C MMR Booster - one time as adult Polio Booster - one time as adult Typhoid Vi - every 3 years Yellow Fever - every 10 years Zoster - one time if age 60+ years 	GO-1808, GO-1809, GO-1810
Laboratory Testing <i>(Fasting)</i> : <ul style="list-style-type: none"> Blood chemistry <ul style="list-style-type: none"> Glucose Hemoglobin A1c Lipid panel Renal panel <i>(BUN, Creatinine, Electrolytes)</i> Liver function tests TSH Hepatitis A IgM CBC with differential and platelets Urinalysis Uric Acid Stool for blood, ova and parasites <i>(for populations at risk)</i> Malaria smear, thick and thin <i>(for populations at risk)</i> 	
TB Test: <i>Further screening and diagnostic evaluation as clinically indicated</i> <ul style="list-style-type: none"> TST <i>(skin)</i> or Interferon Gamma Release Assay (IGRA), e.g., QuantiFERON® Initial for all individuals in assignment for more than 6 months. Job Transfer for individuals from Low endemic Home country transferring assignment from High endemic Host country, <i>(i.e., U.S. expat transferring from Indonesia to Nigeria or to the UK)</i>. 	

- Exit for individuals from Low endemic Home country exiting a High endemic Host Country, 8 to 10 weeks after return.
- Mandated by Host Country *(i.e., Kuwait)*
- Periodical - *(Periodic exam for expats originating from Low endemic country working in High endemic country with previous negative test)*
- Clinically indicated *(Review form GO-146)*

Mental Health Questionnaire	GO-1750
Respirator Use Questionnaire	GO-1310-Q
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance <i>(refer to GO-308 for the physical requirements and working conditions)</i>	GO-1835
Dental Exam Recommendation at clinician's discretion based on physical exam	GO-1948
Medical Examination Recommendations	GO-1789
Exercise Treadmill Test (ETT)	ETT Report

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

Mariner Protocol (Chevron Shipping Company) (Cont.)

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Functional Capacity Evaluation

Functional Capacity Evaluation
Clearance
(if indicated as required on the Physical
Requirements and Working Conditions
GO-308 form, examining physician
provides clearance to continue)

GO-1835

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation
(upon clearance by examining physician)

Vendor-supplied
or as found in
the [GO-308](#)
[Repository](#):
[CSC Critical](#)
[Criteria](#) and
[GO-1845 Forms](#)
[Musculoskeletal](#)
[Screen](#)



Mariner Protocol (Chevron Shipping Company) (Cont.)

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Tuberculosis considerations

Tuberculosis is an endemic and recognized health risk in several countries where Chevron operates. Screening for tuberculosis should be risk-based and follow the World Health Organization (WHO) guidelines.

- [Tuberculosis Test Flowchart \(PDF, 98 KB\)](#)

The following list is taken from the WHO TB classification of HBC (High Burden Countries, 2016-2020):

Angola	DR Congo	Myanmar	South Africa
Bangladesh	Ethiopia	Namibia	Thailand
Brazil	India	Nigeria	United Republic of Tanzania
Cambodia	Indonesia	Pakistan	Vietnam
Central African Republic	Kenya	Papua New Guinea	Zambia
China	Lesotho	Philippines	Zimbabwe
Congo	Liberia	Russian Federation	
DPR Korea	Mozambique	Sierra Leone	

For more information, please access the [WHO TB classification of HBC \(High Burden Countries, 2016-2020\)](#).

¹ QuantiFERON is a federally registered trademark of Cellestis, a QIAGEN company.

Medical Suitability for Expatriate Assignment – Adult

Purpose

The health of expatriates and their families is critical to the success of an expatriate assignment. Chevron is committed to understanding and supporting expatriate assignees' and their families' health needs before, during and after their assignment. An understanding of these health needs allows business units and their expatriate employees to make the decisions that will optimize the expatriate assignment.

Description

This is a **mandatory** examination, in compliance with the Operational Excellence (OE) Fitness for Duty process, for employees and adult dependents who are on assignment at an international location.

Enrollment for expatriate assignment is based on the employee's acceptance of international assignment and following the procedures of the Global Expatriate Administration, the local operating company and Global Health and Medical.

The content of the medical examination is reviewed and customized to include tests specific to the individual's identified medical condition(s) or location exposures. Countries are classified by Chevron Global Health and Medical based on a set of criteria that includes presence of an endemic health risk and quality and availability of health services and resources. [Countries Information](#) can be found in the Global Health and Medical website. Based on this classification, the actions to type of medical evaluation are described in the tables below.

Country's Risk-Based Application Initial Exam/Transfer Exam

Home Category	Host Category	Action
A	A or B	MSEA Health Questionnaire**
A	C or D	Full Exam
B	A or B	MSEA Health Questionnaire + screening exam related to endemic health risk in home country
B	C or D	Full Exam + screening exam related to endemic health risk in home country
C or D	A or B	MSEA Health Questionnaire + screening exam related to endemic health risk in home country
C or D	C or D	Full Exams + screening exam related to endemic health risk in home country

- Applies to all cases: check (1) country and local law requirements on pre-employment/transfer or FFD medical exams, (2) GO-308 physical demands of the job and FCE requirements, (3) endemic health risks or conditions, (4) visa required medical exams and (5) for dependents' school-required screening tests and vaccinations.
- **MSEA Health Questionnaire includes the MSEA Medical History plus the existing Mental Health Questionnaire.
- Focused exams might be needed based on the Health Questionnaire review.

Country's Risk-Based Application Periodic Exam

Host	Action
A	MSEA Health Questionnaire + Preventive Health Education + encourage use of medical insurance benefits on preventive examination
B	MSEA Health Questionnaire + Preventive Health Education + encourage use of medical insurance benefits on preventive examination Mandatory screening exam related to endemic health risk in host country
C or D	Mandatory full exam + screening exam related to endemic health risk in host country

- Applies to all cases: check (1) country and local law requirements on periodic medical exams and (2) endemic health risks or conditions.
- Preventive Health education - offer all applicable programs - health and wellness, EAP, etc.

Medical Suitability for Expatriate Assignment – Adult (Cont.)

Employees and dependents with medical conditions that require monitoring or ongoing treatment will be subsequently followed by the Chevron Global Health and Medical regional medical manager or local Chevron occupational health clinician.

The [processes and procedures for expatriate medical examinations](#) explain how the program works, how to schedule your examinations and includes questions and answers.

Medical clearance is a required part of the international posting procedure. All successful candidates shall receive written notification of contingencies for international assignment from the Human Resources business partner or Global Expatriate Administration. Specific medical examination content will be issued by Global Health and Medical.

Global Health and Medical regional medical scheduling email addresses are:

- Americas: examamer@chevron.com
- Asia/Pacific: examasia@chevron.com
- Europe, Eurasia, Middle East and Africa: exameame@chevron.com

For approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron Global Health and Medical facility. For contact names, please refer to the [Medical Directory](#) or go to the [Medical Examination Program](#). Upon request, Global Health and Medical will provide a list of approved medical facilities where examinations can be conducted.



Evidence Basis and Regulatory Reference

- OE Fitness for Duty protocols, which include federal, state and corporate policy examinations.

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, Chevron Global Health and Medical should consult with the Law department or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial/Transfer – **Mandatory** for all employees and adult dependents (dependents under 18 should refer to the “Medical Suitability for Expatriate Assignment – Dependent Child” section)
 - The medical review process should begin 90 days prior to departure date or should be initiated as soon as the job offer has been received.

Note: U.S.-payroll new resident assignees and those who have not been on a resident assignment in the past five years may need to complete the International Assignment Profile (IAP). The employee and spouse should complete separate surveys. The employee will receive an email note from Employee Assistance and WorkLife Services with instructions for completing the IAP.

- Periodic – **Mandatory** for Employees and Adult Dependents
 - At a minimum, every two years or at a frequency set by the host country, local company policy or by either the Chevron Global Health and Medical regional medical manager or the examining physician, based on the individual health risk factors, work environment and location
 - The medical examination should be scheduled and taken on a date closest to the anniversary of the individual’s last international assignment examination
- Repatriation – **Voluntary** for Employees and Adult Dependents
 - Completion within three months, with clinician consultation from host location on the risk of tuberculosis
- Termination of Employment
 - Voluntary for both employees and adult dependents prior to termination date
 - **Mandatory** if required by local home country legislation (consult with local HRBP)

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected employee. No examination or test needs to be duplicated.

Medical Suitability for Expatriate Assignment – Adult (Cont.)

Evaluation Components

Forms

<ul style="list-style-type: none"> Authorization for Disclosure of Health Information Health History and Physical Examination MSEA Questionnaire ONLY, based on Country's risk based application (refer to tables above). 	<ul style="list-style-type: none"> GO-1075 GO-146-MSEA (initial) or GO-146-P-MSEA (periodic) GO-146-Q-MSEA
<ul style="list-style-type: none"> Mental Health Assessment International Assignment Profile, no form required <ul style="list-style-type: none"> Initial U.S. only To be completed separately by employee and spouse, if appropriate Not necessary if expat is on residential assignment in the last five years Other countries as appropriate tools become available 	<ul style="list-style-type: none"> GO-1750 GO-1750-B Interview required
<ul style="list-style-type: none"> Vision Test (initial exam or near and far, corrected and uncorrected visual acuity) 	<ul style="list-style-type: none"> GO-146-MSEA (initial) or GO-146-P-MSEA
<ul style="list-style-type: none"> Fasting Blood Chemistry and Lipid Panels¹ <ul style="list-style-type: none"> Minimum requirements: FBS, BUN, Creatinine, Sodium, Potassium, ALT, AST, Total Cholesterol, HDL-C, LDL-C and Triglycerides 	Lab Report
CBC With Differential and Platelet Count ¹	Lab Report
Urinalysis ¹	Lab Report
<ul style="list-style-type: none"> EKG Tracing and Report Initial Required for employees and dependents when on malarial prophylaxis 	EKG Tracing and Report

Risk Based – Additional Tests

<ul style="list-style-type: none"> TSH (if clinically indicated) Hemoglobin A1c¹ (consider if an average blood sugar level over past 3 months is essential in screening; history of diabetes or with treatment* request either FBS or HbA1c not both) Stool for Blood, Ova and Parasites² (if clinically indicated) 	<ul style="list-style-type: none"> Lab Report Lab Report
<p>Tuberculosis Test</p> <ul style="list-style-type: none"> TST (skin) or Interferon Gamma Release Assay (IGRA), e.g., QuantiFERON^{®3} Initial for all individuals in assignment for more than 6 months. Job Transfer for individuals from Low endemic Home country transferring assignment from High endemic Host country, (i.e., U.S. expat transferring from Indonesia to Nigeria or to the UK). Exit for individuals from Low endemic Home country exiting a High endemic Host Country, 8 to 10 weeks after return. Mandated by Host Country (i.e., Kuwait) Periodical - (Periodic exam for expats originating from Low endemic country working in High endemic country with previous negative test) Clinically indicated (Review form GO-146-MSEA). 	TST Reading or Lab Report
<ul style="list-style-type: none"> Chest X-Ray (PA and LAT views) (Based on risk after positive TB screen test and initial for B,C,D Home countries) 	X-Ray Report
<p>Exercise Treadmill Test (ETT)</p> <ul style="list-style-type: none"> Based on cardiovascular risk score or with known cardiac conditions or symptoms 	<ul style="list-style-type: none"> ETT Report

Medical Suitability for Expatriate Assignment – Adult (Cont.)

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools. For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

[Exercise Treadmill Test Flowchart \(PDF, 50 KB\)](#)



Functional Capacity Evaluation

Functional Capacity Evaluation Clearance	GO-1835
<ul style="list-style-type: none"> • Examining physician provides clearance to continue • Not required for dependents 	
Functional Capacity Evaluation	Vendor-supplied and based on the GO-308 specific for the job ⁴
<ul style="list-style-type: none"> • Not applicable to dependents • Upon clearance by examining physician 	

Recommended Cancer Screening Tests

Guidelines for Cancer Screening Tests in Asymptomatic, Average-Risk Individuals

The following cancer screening tests have been approved by Chevron Global Health and Medical. Cancer epidemiology varies among societies and environments. These screening guidelines reflect U.S. evidence-based recommendations and should not hold up medical clearance. **Please consult with your regional medical manager or local medical facility for local guidance. In addition, it is recommended that the employees and their dependents discuss with their personal physicians the potential benefits or side effects of the cancer screening tests considering the individual risk profile, values and preference.**

Medical Suitability for Expatriate Assignment – Adult (*Continued*)

Breast⁵: <ul style="list-style-type: none"> Mammography at age 50, then every two years 	<ul style="list-style-type: none"> Clinical Report
Cervical⁵: <ul style="list-style-type: none"> Ages 21-29: Cytology (<i>PAP smear</i>) every three years Ages 30-65: Cytology (<i>PAP smear</i>) every three years or Cytology (<i>PAP smear</i>) and Human papillomavirus (HPV) co-testing every five years 	<ul style="list-style-type: none"> Clinical Report
Colorectal⁵: <ul style="list-style-type: none"> Colonoscopy (<i>at age 50, then every 10 years</i>) or High-sensitivity Fecal Occult Blood Testing (<i>at age 50, then annually</i>) or Sigmoidoscopy (<i>at age 50, every five years combined with a high-sensitivity fecal occult blood test every three years</i>) 	<ul style="list-style-type: none"> Clinical Report Lab Report Clinical Report
Immunizations Chevron Global Health and Medical will give employees and dependents the global vaccination guidelines for the posting destinations	GO-1808

Medical Recommendations of Global Health and Medical Clinician

The regional medical manager for the destination country and the regional medical manager for the departing country are ultimately responsible for developing the recommendations of fitness for duty for the expatriate posting. The final determination of suitability for the expatriate posting rests with the operating company/strategic business unit management.

<ul style="list-style-type: none"> Fit/Fit With Restrictions/Not Fit (<i>employee</i>) Cleared/Cleared With Restrictions/Not Cleared (<i>family members</i>) 	GO-1769
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Appendix

Communications

Fitness-for-assignment status will be communicated to the employee and managed by Global Health and Medical after examination review. Medical examiners are requested to communicate only pertinent examination-related health findings to the examinee and Global Health and Medical and **not** make a fitness determination. Additional guidelines are:

- Medical confidentiality must be maintained at all times.
- Medical providers performing examinations must communicate any serious abnormalities to the individual immediately and to Global Health and Medical within 24 hours.
- Medical providers should return results to the company within the prescribed period approved by the local Chevron Global Health and Medical.
- Employees: Fit/Cleared With Restrictions/Not Fit determination of medical suitability for expatriate assignment shall be made by local Chevron Global Health and Medical.
- Adult dependents: Cleared/Not Cleared/Cleared With Restrictions determination of dependents' medical suitability for expatriate assignment shall also be made by local Chevron Global Health and Medical.
- Chevron Global Health and Medical is responsible for ensuring that every examinee receives a report of the findings.
- Medical evaluation timelines: After all required tests/examinations are completed by the expatriate/dependent, **up to 15 working days for uncomplicated cases** and **up to 35 working days if complicated** or with possible limitations or issues.



Medical Suitability for Expatriate Assignment – Adult (Continued)

Visas

Global Expatriate Administration (GEA) is responsible for notifying the candidate of the specific medical evaluation content to ensure that the candidate and dependents will pass the visa application and immigration process.

An additional medical examination may be required to obtain a visa for entry into some countries. Please consult with your Human Resources immigration group.

Risk Areas

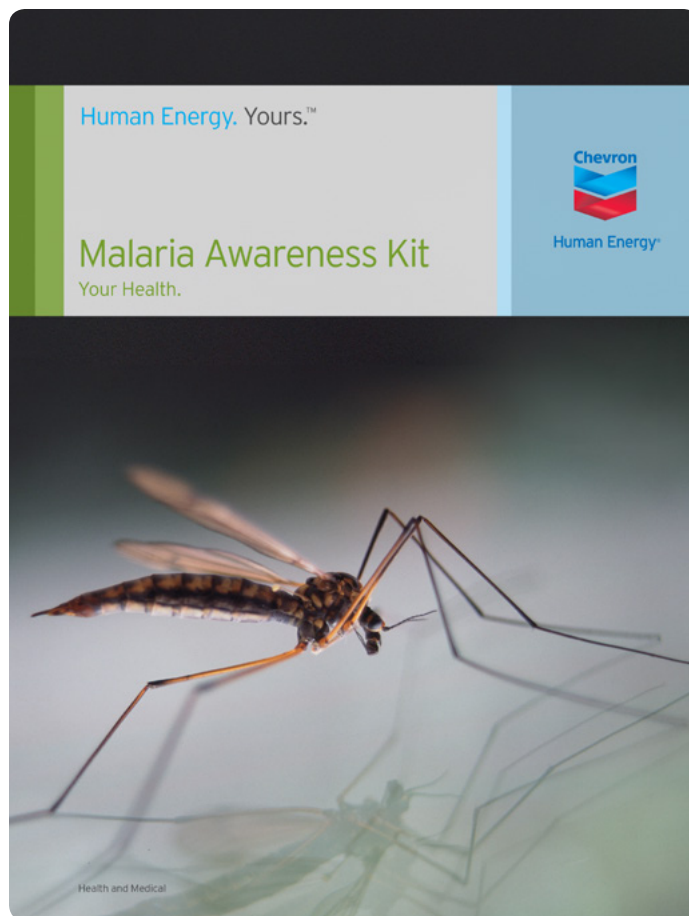
Chevron Global Health and Medical continually reviews the regional exposures and medical infrastructure to make an assessment of risk.

Factors to be included in assessment process:

- Chevron requires that the examining physician accurately assess the individual health status of all persons undergoing relocation to determine the extent of existing and potential health conditions. Identification alone of a named medical condition is not adequate.
- The extent of the health risk must be assessed for each individual as follows: Type of medical condition(s) multiplied by the severity of present or future effects on the individual, mitigated by the response and availability of appropriate treatment in the destination location.
- Knowledge of health care facilities and personnel at location of proposed posting.
- Only for employees: Functional job requirements and working environment at intended location (see *Physical Requirements and Working Conditions GO-308* form).

Functional Capacity Evaluation

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.



Malaria

Employees and resident dependents are expected to have and use appropriate anti-malarial prophylaxis in recognized endemic malaria areas of assignment. It is **mandatory** that the appropriate advice and medication **be provided to these individuals before departure**. This advice should be given during the initial medical consultation process and recorded as completed on the *Medical History & Physical Examination* (GO-146) form. If requested by Chevron, the appropriate prophylaxis should be prescribed.

Malaria computer-based training shall be taken before traveling to the host country.

Medical Suitability for Expatriate Assignment – Adult (Cont.)

Tuberculosis

Tuberculosis is an endemic and recognized health risk in several countries where Chevron operates. Screening for tuberculosis should be risk based and follow the World Health Organization (WHO) guidelines⁶.

- [Tuberculosis Test Flowchart \(PDF, 98 KB\)](#)

The following list is taken from the WHO TB classification of HBC (High Burden Countries, 2016-2020):

Angola	DR Congo	Myanmar	South Africa
Bangladesh	Ethiopia	Namibia	Thailand
Brazil	India	Nigeria	United Republic of Tanzania
Cambodia	Indonesia	Pakistan	Vietnam
Central African Republic	Kenya	Papua New Guinea	Zambia
China	Lesotho	Philippines	Zimbabwe
Congo	Liberia	Russian Federation	
DPR Korea	Mozambique	Sierra Leone	

For more information, please access the [WHO TB classification of HBC \(High Burden Countries, 2016-2020\)](#)

¹ If using Quest Diagnostics in the U.S., order panel 352249.

² If using Quest Diagnostics in the U.S., order test 1748.

³ QuantiFERON is a federally registered trademark of Cellestis, a QIAGEN company.

⁴ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the *Physical Requirements and Working Conditions* (GO-308) form located in the Chevron [GO-308 Repository](#).

⁵ [U.S. Preventive Services Task Force \(USPSTF\)](#).

⁶ [World Health Organization](#).

Medical Suitability for Expatriate Assignment – Child

Purpose

The health of expatriates and their families is critical to the success of an expatriate assignment. Chevron is committed to understanding and supporting expatriate assignees and their families' health needs before, during and after their assignment. An understanding of these health needs allows business units and their expatriate employees to make the decisions that will optimize the expatriate assignment.

Description

This is an examination for employee's dependent children who reside with or are fully dependent on the employee. All successful candidates should receive written notification from the Human Resources business partner or Global Expatriate Administration. Specific medical examination content will be issued by Global Health and Medical. This is applicable for children (under age 18) of employees who reside with the employee or children who are fully dependent on parents.

Dependents under age 18 with medical conditions that require monitoring or ongoing treatment will subsequently be followed up by the Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician.

This standard will also be used upon written notification from the operating company, Human Resources business partner or Global Expatriate Administration.

Countries are classified by Chevron Global H&M based on a set of criteria that includes presence of an endemic health risk and quality and availability of health services and resources. [Countries Information](#) can be found in the Global Health and Medical website. Based on this classification, the actions to type of medical evaluation are described in the tables below.

Country's Risk-Based Application Initial Exam/Transfer Exam

Home Category	Host Category	Action
A	A	MSEA Health Questionnaire**
A	B	MSEA Health Questionnaire
A	C or D	Full Exam
B	A or B	MSEA Health Questionnaire + screening exam related to endemic health risk in home country
B	C or D	Full Exam + screening exam related to endemic health risk in home country
C or D	A or B	MSEA Health Questionnaire + screening exam related to endemic health risk in home country
C or D	C or D	Full Exam + screening exam related to endemic health risk in home country

- Applies to all cases: check (1) country and local law requirements on pre-employment/transfer or FFD medical exams, (2) GO-308 physical demands of the job and FCE requirements, (3) endemic health risks or conditions, (4) visa required medical exams and (5) for dependents' school-required screening tests and vaccinations.
- **MSEA Health Questionnaire includes the MSEA Medical History Plus the existing Mental Health Questionnaire.
- Focused exams might be needed based on the Health Questionnaire review.

Medical Suitability for Expatriate Assignment – Child (Cont.)

Country's Risk-Based Application Periodic Exam

Host	Action
A	MSEA Health Questionnaire + Preventive Health Education + encourage use of medical insurance benefits on preventive examination
B	MSEA Health Questionnaire + Preventive Health Education + encourage use of medical insurance benefits on preventive examination Mandatory screening exam related to endemic health risk in host country
C or D	Mandatory full exam + screening exam related to endemic health risk in host country

- Applies to all cases: check (1) country and local law requirements on periodic medical exams and (2) endemic health risks or conditions.
- Preventive Health education - offer all applicable programs - health and wellness, EAP, etc.

For prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#) or go to the [Medical Examination Program](#). Upon request, Chevron Global Health and Medical will provide a list of approved medical facilities where exams can be conducted.

The [processes and procedures for expatriate medical examinations](#) explain how the program works, how to schedule your examinations and includes questions and answers.

Medical clearance is a required part of the international posting procedure. All successful candidates shall receive written notification of contingencies for international assignment from the Human Resources business partner or Global Expatriate Administration. Specific medical examination content will be issued by Global Health and Medical.

Global Health and Medical regional medical scheduling email addresses are:

- Americas: examamer@chevron.com
- Asia/Pacific: examasia@chevron.com
- Europe, Eurasia, Middle East and Africa: exameame@chevron.com

Evidence Basis and Regulatory Reference

- Operational Excellence - Fitness for Duty

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department or your Human Resources business partner. More stringent rules should be followed.



Medical Suitability for Expatriate Assignment – Child (Cont.)

Frequency

- Initial - **Mandatory** for all dependent children under age 18 upon employee signing a new offer letter (dependents over 18 should refer to the “Medical Suitability for Expatriate Assignment – Adults” section)
 - Medical review process should begin ideally 90 days prior to departure date or initiate the exams as soon as the employee’s job offer has been received
- Periodic - **Mandatory** for all dependent children under age 18
 - At a minimum, every two years, or at a frequency set by the host country, by local company policy or by either the Chevron Global Health and Medical regional medical manager or the examining physician, based on the individual health risk factors
 - The medical examination should be scheduled and taken at the anniversary date closest to the initial assignment
- Repatriation - **Voluntary** for all dependent children under age 18 (dependents over 18 should refer to the “Medical Suitability for Expatriate Assignment – Adults” section)
 - Completion within three months, with clinician consultation from host location on the risk of tuberculosis

Evaluation Components

Forms

Authorization for Disclosure of Health Information	GO-1075	Tuberculosis Test ²	TST Reading or Lab Report
Health History Questionnaire and Physical Examination	GO-146-MSEA (initial) or GO-146-P-MSEA GO-146-Q-MSEA	<ul style="list-style-type: none"> TST (<i>skin</i>) or Interferon Gamma Release Assay (IGRA), e.g., QuantiFERON^{®3} Initial for all individuals in assignment for more than 6 months. Job Transfer for individuals from Low endemic Home country transferring assignment from High endemic Host country, (<i>i.e., U.S. expat transferring from Indonesia to Nigeria or to the UK</i>). Exit for individuals from Low endemic Home country exiting a High endemic Host Country, 8 to 10 weeks after return. Mandated by Host Country (<i>i.e., Kuwait</i>) Periodical - (<i>Periodic exam for expats originating from Low endemic country working in High endemic country with previous negative test</i>) Clinically indicated (<i>Review form GO-146-MSEA</i>). 	
MSEA Questionnaire ONLY, based on Country’s risk-based application (<i>refer to tables above</i>).			
Mental Health Assessment	GO-1750-A		
Vision Test (<i>from age 5 and up. For < 5 y/o – should be part of routine pediatric exam</i>)	GO-146-MSEA (initial) or GO-146-P-MSEA		
Stool for Blood, Ova and Parasites ¹ (<i>if clinically indicated</i>)	Lab Report		

Medical Suitability for Expatriate Assignment – Child (Cont.)

Medical Recommendations of Global Health and Medical Clinician

The regional medical manager for the destination country and the regional medical manager for the departing country are ultimately responsible for developing the recommendations of medical clearance for the expatriate posting. The final determination of suitability for the expatriate posting rests with the operating company/strategic business unit management.

Medical Clearance

Cleared/Not Cleared/Cleared With Restrictions	GO-1769
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Appendix

Communications

Fitness-for-assignment status will be communicated to the employee and managed by Global Health and Medical after examination review. Medical examiners are requested to communicate only pertinent examination-related health findings to the examinee and Global Health and Medical and not make a fitness determination.

- Medical confidentiality must be maintained at all times.
- Medical providers performing examinations must communicate any serious abnormalities to the individual immediately and to Global Health and Medical within 24 hours.
- Medical providers should return results to the company within the prescribed period approved by the local Chevron Global Health and Medical.
- Cleared/Not Cleared/Cleared With Restrictions determination of dependents' medical suitability for expatriate assignment is made by local Chevron Global Health and Medical.
- Chevron Global Health and Medical is responsible for ensuring that every examinee receives a report of the findings. Reports for children are given to the parents.
- Medical evaluation timelines: After all required tests/ examinations are completed by the expatriate/dependent, up to 15 working days for uncomplicated cases and up to 35 working days if complicated or with possible limitations or issues.

Visas

Global Expatriate Administration (GEA) is responsible for notifying the candidate of the specific medical evaluation content to ensure that his or her children will pass the visa application and immigration process.

An additional medical examination may be required to obtain a visa for entry into some countries. Please consult with your Human Resources immigration group.

Risk Areas

Chevron Global Health and Medical continually reviews the regional exposures and medical infrastructure to make an assessment of risk.

Factors to be included in assessment process:

- Chevron requires that the examining physician perform an accurate assessment of individual health status of all persons undergoing relocation to determine extent of existing and potential health conditions.
- Identification alone of a named medical condition is not adequate. The extent of the health problem must be assessed for each individual as follows: Type of medical condition(s) multiplied by the severity of present or future effects on the individual, mitigated by the response and availability of appropriate treatment in the destination location.
- Knowledge of health care facilities and personnel at location of proposed posting.

Malaria

Employees and resident dependents are expected to have and use appropriate anti-malarial prophylaxis in recognized endemic malaria areas of assignments. It is **mandatory** that the appropriate advice and medication be provided to these individuals before departure. This advice should be given during the initial medical consultation process and recorded as completed on the *Medical History & Physical Examination* (GO-146) form. If requested by Chevron, the appropriate prophylaxis should be prescribed.

Medical Suitability for Expatriate Assignment – Child (Cont.)

Tuberculosis

Tuberculosis is an endemic and recognized health risk in several countries where Chevron operates. Screening for tuberculosis should be risk-based and follow the World Health Organization (WHO) guidelines².

- [Tuberculosis Test Flowchart \(PDF, 98 KB\)](#)

The following list is taken from the WHO TB classification of HBC (High Burden Countries, 2016-2020):

Angola	DR Congo	Myanmar	South Africa
Bangladesh	Ethiopia	Namibia	Thailand
Brazil	India	Nigeria	United Republic of Tanzania
Cambodia	Indonesia	Pakistan	Vietnam
Central African Republic	Kenya	Papua New Guinea	Zambia
China	Lesotho	Philippines	Zimbabwe
Congo	Liberia	Russian Federation	
DPR Korea	Mozambique	Sierra Leone	

For more information, please access the [WHO TB classification of HBC \(High Burden Countries, 2016-2020\)](#).

¹ If using Quest Diagnostics in the U.S., order panel 1740.

² [World Health Organization](#).

³ QuantiFERON is a federally registered trademark of Cellestis, a QIAGEN company.

Motor Vehicle Drivers Protocol

Purpose

Ensure Motor Vehicle Drivers are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is an exam for professional and other drivers who are not covered by a more specific medical exam protocol as required by local law and regulation or by SBU determination.

Evidence Basis and Regulatory Reference

- Chevron Motor Vehicle Standard Policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical or your Human Resources business partner. More stringent rules should be followed.

Frequency

Examination as required by local law and regulation or by SBU determination. After initial exam, where there is no other local law, regulation, or SBU determination, a periodic exam at least every two years is highly recommended.

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test need be duplicated.

Evaluation Components

Forms

History and Physical Examination	GO-146-P
Vision Test	GO-146-P
Audiogram (as baseline)	GO-653
Urinalysis	Lab/Clinic Report
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (examining physician provides clearance to continue, if required)	GO-1835

Functional Capacity Evaluation (If Required)

(To ensure employee can safely return to his or her work tasks)

A functional capacity evaluation (FCE) should be given to a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined on the GO-308 form.

Functional Capacity Evaluation (upon clearance by examining physician)	Vendor-supplied or as found in the GO-308 Repository ¹
Functional Capacity Evaluation Clearance (functional capacity evaluator provides confirmation of successful completion of FCE)	GO-1835

Medical Clearance

Medical Examination Recommendations	GO-1789
Completion of Work Limitations	GO-146-P

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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A tetanus booster is recommended if one has not been given in the last 10 years.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

¹ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Offshore and Remote Worker Protocol

Purpose

Ensure offshore and remote location workers are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is an exam for:

1. Employees who are or will be traveling to, and working on, an offshore installation. See "The Offshore Environment" description of this protocol later in this document.
or
2. Employees who work in remote location (if required by business unit or local regulation).

For prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Oil & Gas UK Medical Aspects of Fitness for Work Offshore: Guidance for Examining Physicians
- Operational Excellence – Fitness for Duty

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** for all employees
- Periodic - As clinically indicated and/or dependent on location
Note: Periodicity is dependent on the clinical indication and/or on the work location's medical risk factors as defined by the examining physician or clinician and in alignment with local management practices. Chevron Health and Medical or their designee will provide guidance on the recommended exam periodicity between medical examinations.
- Maximum periodicity - Every two years
Note: The medical examination should be scheduled and taken before the expiration date of the previous medical examination.

The content of this exam should be combined with any other Health Surveillance or Fitness for Duty exams that are required for the job function for which the candidate has been accepted. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination (see notes for physicians and clinicians examining employees for offshore fitness later in this section)	GO-146 (initial exam) or GO-146-P (periodic exam)
Vision Test	GO-146 (initial exam) or GO-146-P (periodic exam)
Audiogram (as baseline, then periodic if enrolled in a hearing conservation program)	GO-653
Pulmonary Function Test (initial and periodic if enrolled in the respiratory protection program)	GO-652-5
Blood Chemistry ¹ (mandatory on initial and as clinically indicated on periodic)	Lab Report
CBC With Differential and Platelet Count ¹ (mandatory on initial and as clinically indicated on periodic)	Lab Report
Urinalysis ¹	Lab Report
Exercise Treadmill Test (ETT) (as clinically indicated)	ETT Report

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

Offshore and Remote Worker Protocol (Cont.)

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Cardiovascular Assessment	GO-1844
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Some functions, including emergency response team (ERT) members, may be required to undergo cardiovascular assessment to ensure they have the stamina to engage in sudden and sustained physical activity. The standards are related to the physical requirements of the various emergency responder groups and to the risk assessment for each installation or location. (See Emergency Responder Fitness for Duty Protocol.²)

Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (<i>if indicated as required on the Physical Requirements and Working Conditions (GO-308) form, examining physician provides clearance to continue</i>) If FCE is required, initial and periodic as clinically indicated and/or every two years.	GO-1835

A Functional Capacity Evaluation (FCE) may be performed, based on clinician's decision, on a candidate or employee whose job tasks require a significant physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form. An FCE consists of a series of job-specific physical activities administered by health professionals. It objectively measures and documents the employee's ability to safely perform the physical requirements of the essential job tasks as outlined in the GO-308 form.

Functional Capacity Evaluation (<i>upon clearance by examining physician. If FCE is required, initial and periodic as clinically indicated and/or every two years</i>)	Vendor-supplied or as found in the GO-308 Repository ³
Functional Capacity Evaluation Clearance (<i>functional capacity evaluator provides confirmation of successful completion of FCE</i>)	GO-1835

Medical Clearance

Respirator Use	GO-1310-Q GO-1310-R
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Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Medical Recommendations of Examining Physician

Medical Examination Recommendations (<i>Fit/Fit With Restrictions/Not Fit</i>) (<i>Final determinations of fitness for duty are made by Chevron Health and Medical or the Chevron occupational health clinician. A Fit With Restrictions designation will require a discussion with the employee and will have to consider the practicalities of modifying duties in the offshore working environment.</i>)	GO-1789
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A tetanus booster is recommended if one has not been given in the last 10 years.

Emergency medical technicians (EMT), medics or other offshore health personnel may fall under the Blood-borne Pathogens Standard. Contact your local Health, Environment and Safety representative for additional information.



Offshore and Remote Worker Protocol (Cont.)

Appendix

Notes for Physicians and Clinicians Examining Employees for Offshore Fitness

The Offshore Environment

Working in remote environments offshore often requires engaging in significant physical activity or working in a variety of potentially stressful environmental conditions, sometimes with long hours. This working environment also creates a challenge for individuals who may require medical attention during their tour of duty. Chevron seeks to minimize the risk to the safety of the individual and others in the workforce by recognizing those conditions that could possibly create a significant threat to the health of the individual, interfere with any emergency response, including evacuation, or pose a threat, directly or indirectly, to those working around the individual.

Offshore installations are often remote and located hundreds of miles offshore. These complex facilities pose a harsh working environment for the workforce. Medical care is limited, and significant illness or injury must be evacuated to onshore centers of care. Most offshore positions require a degree of physical fitness associated with the nature of the installation design and the job function. Travel to and from the installations is usually by helicopter, which imposes further limitations regarding the individual's size and agility.

Each offshore installation is a self-sufficient community where the workforce works, relaxes and sleeps for the duration of their offshore tour, which can vary from one to five weeks. Logistical support is usually provided by helicopters and supply vessels transferring personnel and delivering essential supplies and equipment. These regular visits can be disrupted by the weather, interfering with the supply of engineering tools, service supplies, fresh food and water from the mainland.

Shift work is typical, with workers often allocated a 12-hour shift. Living quarters offshore are compact but comfortable and usually shared, with two, or less commonly four, bunks per cabin.

Manning levels and accommodation restraints are such that anyone becoming sick for any length of time will have to be returned onshore and replaced by another worker. An emergency medical evacuation can be expensive for the company, and if required in inclement weather conditions, it can endanger the helicopter crew and any medical personnel involved. In some locations, there are regular periods of time where travel by helicopter may be impossible for two to three days due to high winds or fog.

Communication with the mainland can be fragile. Telephone links are normally by radio and are subject to variations in quality related to weather conditions and downtime during maintenance.

Medical facilities are usually very limited, with a basic dedicated sick bay equipped for emergency treatment using a trained technician or nurse who is on duty to evaluate illness and injury, provide local care and, if necessary, liaise with onshore medical resources.

Role of Examining Physician

The Chevron offshore medical assessment is a risk-based examination that assesses the individual's fitness to travel to, and work in, the offshore environment safely and without significant health risks.

The seven main factors that should be considered are:

- Fitness to participate in any required survival training
- Where applicable, fitness to travel in a helicopter wearing the standard seatbelt and to don a survival suit and open and egress through a window in an emergency
- Fitness and ability to move around an offshore installation with sufficient agility to navigate stairs and respond to emergency evacuation procedures
- Fitness to carry out normal assigned duties without compromise to one's own safety or the safety of others
- Fitness to fulfil essential physical requirements of the designated offshore function as defined in the GO-308 form
- Able to be physically carried by emergency staff and transported from applicable facilities if injured
- No significant risk of incapacitation or requirement for significant medical intervention due to a pre-existing medical condition

It is recommended that a qualified occupational physician make the assessment. If made by a general physician or clinician, an occupational physician should be available to assist in the assessment and recommendation process.

Offshore and Remote Worker Protocol (Cont.)

Factors to Be Included in Assessment Process

- Chevron requires that the examining physician or clinician perform an accurate assessment of the individual health status of all persons working offshore to determine the extent of existing and potential health conditions, with a resulting recommendation that would ultimately be supported by legal opinion.
- Identification alone of a named medical condition is not adequate. The extent of the health problem must be assessed for each individual in the following manner:
 - The individual's health risk is determined by the identification and assessment of the nature of any medical condition(s) for that individual - specifically looking at the current severity of each condition, mitigated by the individual's response to appropriate treatment. The history of the stability of the condition, likely progression and future disability, along with the restricted availability of treatment options in the offshore environment, should also be considered and documented.
 - The Offshore Medical Fitness Standards: System Review section of this document should be referenced to assist the assessment process, which may have to involve further investigation or specialist review.
 - The assessment should result in each individual being designated as a Low, Moderate or High risk. The Low-risk designation should indicate a recommendation that the individual is fit to work offshore. The Moderate-risk individual may be fit - perhaps with some accommodation - and the High-risk individual should be recommended as unfit for this environment.
 - This medical examination may also require a functional capacity evaluation based on the employee's job category on the GO-308 form.
 - It is expected that where an employee has an identified condition that may cause concern related to the offshore workplace, then further inquiry, including a specialist's review or report, will often be necessary.

Communications

Fitness-for-assignment status will be communicated to the examinee and managed by Chevron Health and Medical or the Chevron occupational health clinician after exam review. Medical examiners are requested to communicate only pertinent exam-related health findings to the examinee and not make a fitness determination.

- Medical confidentiality must be maintained at all times.
- Unless otherwise agreed, medical providers must communicate complete examination results to Chevron within 14 days.

- Fit/Fit With Restrictions/Not Fit determination is made by Chevron Health and Medical or by the Chevron occupational health clinician who will then endorse or modify as appropriate.

If further opinion is required, please contact the Chevron Health and Medical regional medical manager or his or her designee for further guidance.

Offshore Medical Fitness Standards: System Review

Examining doctors must satisfy themselves that the individual does not have any medical condition that is likely to impair his or her ability to perform the essential duties required for his or her offshore role and that the performance of such duties is unlikely to have a significant adverse effect on the medical condition (reference the seven essential factors defined in the Role of Examining Physician section).

The examining physician should consider the following in particular when making the assessment. These are general comments and should be used as a guide, with the examining physician seeking a specialist's review or report when necessary.

Those conditions identified as requiring further care may require further inquiry as to history of the patient, additional investigations or specialist referral to successfully complete the assessment.

Respiratory System

- Individuals will have to have sufficient respiratory reserve for general mobility around an offshore platform, including frequent climbing of stairs. They should also be able to complete their normal duties without becoming breathless.
- Obstructive or restrictive pulmonary disease causing significant disability is usually unacceptable. Conditions should be assessed using spirometry, with FEV₁ of less than 50 percent indicating a critical reduction in respiratory reserve. Mild asthma with normal exercise tolerance is usually compatible with offshore work, but more severe disease with a history of significant breathlessness or medical intervention will probably be unacceptable.

Employees who wear a breathing apparatus must have their respiratory function tested and must meet the minimum standards as defined in the *Guidance for Physicians for RPE Use*⁴, and specifically, measured FEV₁ and FVC must be 80 percent of predicted values. Measured FEV₁/FVC ratio must be at least 70 percent.

Also refer to publication on [Interpretative strategies for lung function tests](#).

Offshore and Remote Worker Protocol (Cont.)

Consider carefully:

- History of pneumothorax
- Obstructive or restrictive pulmonary disease
- Asthma
- Pulmonary TB

Cardiovascular System

- The cardiovascular system should be free from significant acute or chronic disease that causes significant symptoms, incapacitation or interference with function. Any form of cardiac pathology that results in myocardial ischemia or insufficiency will normally render an individual unacceptable for offshore duty.
- Myocardial infarction will render an individual unfit to return offshore for a minimum period of four months, after which the individual must demonstrate recovery to an asymptomatic state with successful completion of a Bruce Protocol Exercise test to Stage 3 or a left ventricular ejection fraction of 40 percent or nonthreatening angiographic vessel disease.
- Mild hypertension, controlled if necessary by medication, may be acceptable, provided the medication does not limit exercise tolerance.

Note: The use of some drugs, for example, beta blockers, may interfere with the standard evaluation of cardiovascular aerobic function; therefore, if this needs to be measured, alternative methods may need to be considered.

Consider carefully:

- History of myocardial infarction
- Congenital heart disease
- Valvular heart disease
- Ischemic heart disease
- Cardiac arrhythmias
- Cerebrovascular disorders
- Hypertension

Nervous System

- A history of any organic or functional disorder causing loss of consciousness, or any significant deficit in cognitive function or loss of muscular power, balance, mobility sensation or coordination is likely to render the individual unfit to work offshore.
- A history of epilepsy needs to be fully investigated and a fitness certificate given only to those where assessment shows that the likelihood of recurrence is minimal, their job function is not high-risk, and their incapacitation would not pose potential consequences to others.

- Alcoholic seizures need to be assessed to confirm that the individual has ceased alcoholic abuse and has been seizure-free for at least one year while off medication. Continued drug and alcohol surveillance is recommended for these individuals. This may also include (1) blood tests to confirm reduction in alcohol markers and (2) documentation from health care providers that supports stable recovery and abstinence from alcohol.
- Untreated sleep disorders are not usually acceptable unless mild and unlikely to affect performance of duties.
- Constant positive airway pressure (CPAP) machines are acceptable offshore if the individual is able to use a single room, such that the machine does not disturb the sleep of other offshore personnel.

Consider carefully:

- Epilepsy
- Multiple sclerosis
- Narcolepsy
- Sleep disorders

Psychological Disorders

- The offshore environment can be socially isolating and can, therefore, exacerbate psychological conditions.
- A history of significant or recurrent anxiety or depression would normally be unacceptable unless shown to be stable on medication with minimal side effects. Psychoses are rarely compatible with offshore work. Personality disorders that are characterized by anti-social behaviors are not acceptable. A history of drug abuse or alcohol dependence will restrict individuals from proceeding offshore until they can demonstrate stable rehabilitation under EAP or Medical department monitoring and show negative testing as defined under the Chevron Drug and Alcohol Policy.⁵

Consider carefully:

- History of depression, bipolar or anxiety disorders
- Psychoses
- Personality disorders
- Phobias
- Drug and alcohol abuse

Gastrointestinal System

- Active peptic ulceration is unacceptable due to the risk of acute hemorrhage. History of treated ulceration may be acceptable if resolution can be demonstrated by endoscopy or barium studies.
- Due to the risk of strangulation, hernias are not acceptable until assessed by a specialist and, where required, repaired and the employee fully rehabilitated and mobile.

Offshore and Remote Worker Protocol (Cont.)

- Individuals with inflammatory bowel disease should be stable on treatment with a documented low risk of recurrence.

Consider carefully:

- Peptic ulceration
- Inflammatory bowel disease
- Stoma
- Hernia
- Esophageal varices

Hematological Disorders

- Conditions that increase the chance of hemorrhage or impairment of circulation would normally preclude an individual from working offshore. Anemia should be investigated and assessed following treatment of the underlying condition. Leukemia and lymphomas will require a medical specialist review to determine the individual's fitness to work offshore. In addition, the specialist should be asked to provide a plan for appropriate medical care follow-up. Individuals on chemotherapy would not usually be considered fit because of the possible acute and chronic side effects associated with this type of treatment.

Consider carefully:

- Significant anemia
- Coagulation disorders
- Thalassemia
- Sickle cell disease
- Leukemia
- Lymphoma
- Immunosuppressive disorders

Dermatological Conditions

Skin conditions require careful assessment because of the potential for exposure to chemical irritants and allergens offshore. Social proximity of the offshore living conditions may be a factor that needs to be considered when assessing some extensive and chronic skin conditions. Dermatitis may be acceptable, provided the individual can be isolated from any identified allergens or irritants. Controlled psoriasis will normally be acceptable, excepting no significant musculoskeletal involvement.

Consider carefully:

- Allergic dermatitis
- Irritant dermatitis
- Infectious skin disease
- Psoriasis
- Eczema

Genitourinary System

- Chronic renal disease may have secondary effects on health through bone and hematology disorders and should be fully evaluated. Dialysis is not a practical treatment option in the offshore environment.
- Renal calculi that could cause colic or obstruction should be removed before a fitness certificate is issued.
- Conditions that will increase the frequency or urgency of urination, such as urinary tract infections, prostatic disease or enuresis, are not easily accommodated offshore.
- Hematuria should be investigated before fitness is determined.
- Sexually transmitted diseases, where identified, should be treated.

Consider carefully:

- Chronic renal disease
- Renal calculi
- Renal failure
- Renal transplant
- Sexually transmitted diseases

Endocrine Disease

- Endocrine disease will usually require comprehensive specialist assessment before any individual should be considered fit for offshore work. Diagnosed and controlled conditions on stable medication may be acceptable, provided the individual's job function remains compatible with his or her capabilities.
- Non-insulin-dependent diabetes is acceptable, provided the individual is able to demonstrate adequate control and there is no significant complicating end organ damage, such as visual loss.
- Insulin-dependent diabetes (type 1) should be considered on a case-by-case basis for a predetermined function and location and then carefully assessed to ensure that the disease is stable and the individual has a history of good control. To confirm this, it would be normal to test the HbA1C before certifying and repeating this on an annual basis. Diabetics should not be certified fit for offshore functions where the individual will be working at a height or isolated from colleagues.
- Individuals with endocrine disease should not normally be given open fitness certification and should be restricted to named locations and job functions. The installation should be informed of any individual's diagnosis and treatment regime so that they can employ suitable mitigating strategies for the potential exacerbation of condition or loss of medication.

Offshore and Remote Worker Protocol (Cont.)

Consider carefully:

- Type 1 diabetes
- Type 2 diabetes
- Thyroid disease
- Adrenal disease
- Metabolic disorders

Obesity

- Obesity is a medical condition. Overweight individuals are not medically excluded from working offshore unless they show significant secondary effects from their condition, such as diabetes or cardiovascular disease.
- However, individuals should not compromise their own safety or the safety of others and may need to demonstrate that they can perform the following:
- Fitness to participate in any required survival training
- Where applicable, fitness to travel in a helicopter wearing the standard seatbelt and to don a survival suit and open and egress through a window in an emergency
- Fitness and ability to move around an offshore installation with sufficient agility to navigate stairs and respond to emergency evacuation procedures
- Able to be physically carried by emergency staff and transported from applicable facilities if injured
- Fitness to carry out normal assigned duties without compromise to safety of themselves or others
- Fitness to fulfil essential physical requirements of the designated offshore function as defined in the GO-308 form
- No significant risk of incapacitation or requirement for significant medical intervention due to a pre-existing medical condition

Obese individuals should be able to complete their normal job functions as described in the GO-308 form.

It is recommended that individuals with a body mass index (BMI) greater than 35 be fully functionally assessed on these potential limitations.

In addition, all employees with a BMI greater than 30 should receive regular counselling on the risks associated with their condition.

Musculoskeletal System

The examining physician should examine the musculoskeletal system to exclude any pathology that would interfere with the execution of the individual's essential job functions as defined in the GO-308 form, and also those activities that are essential to offshore life. This includes:

- Donning survival suits
- Ability to move up and down stairs
- Safe evacuation during an emergency response

This examination will also ensure that employees are fit to undertake the physical assessment and functional capacity evaluation. At a minimum, the evaluation will include confirmation that the following are within normal range: active range of motion, limb strength, reflexes, flexibility and joint integrity. In addition, particular attention should be paid to any history of back disorders. Amputees should be able to demonstrate that they are safely able to complete physical aspects of their job and perform the activities necessary to evacuate an offshore installation or helicopter.

Consider carefully:

- Chronic joint disease
- Limb prosthesis
- Hip/knee prosthesis

Infectious Disease

- Any acute and active infectious disease that carries any risk of spreading within the offshore community is unacceptable until naturally resolved or successfully treated.
- Chronic disease of low infectivity should be assessed to determine the risk of transmission to others offshore and any potential side effects from medication.
- HIV does not preclude offshore work unless there is a functional effect on the individual from the illness or medication.

Gynecological Conditions

Dysmenorrhea, if causing significant disability, may be unacceptable. A specialist opinion will be helpful in the assessment of most gynecological conditions. Again, the social proximity of the offshore community may be an important factor to consider.

Consider carefully:

- Menorrhagia and dysmenorrhea
- Pelvic inflammatory disease
- Prolapse

Offshore and Remote Worker Protocol (Cont.)

Pregnancy

- Pregnancy is not a medical condition and reflects complex natural physiological changes associated with growth and birth of the fetus. Occasionally, medical complications do arise, and it is important that individuals with a higher risk of problems be identified and kept in proximity to the level of medical care they may need. Chevron recommends that, for this reason, pregnant women not normally work offshore and that suitable alternative onshore work is provided. If this is not possible or if the individual chooses to remain working in the offshore environment, then it is important that the individual understand and recognize the potential risks associated with this decision. For these individuals, Health and Medical may provide guidance that may incorporate advice from the employee's health care provider.
- It is recommended that as mobility of the employee becomes affected by the growing fetus, any unavoidable offshore visits be restricted to 24 weeks gestation and under. The pregnancy must also be documented as uncomplicated and under normal periodic review.

Ear, Nose and Throat

Hearing, balance and the sense of smell are critical safety factors in the offshore environment. Any ear, nose and throat (ENT) condition that has the potential to interfere with these must be carefully assessed.

- Hearing: Individuals should be able to hear conversational speech without difficulty. A hearing impairment in excess of 35 decibels in the better ear (averaged over 500, 1,000 and 2,000 hertz) may raise doubts about the ability of an individual to hear safety warnings. Intrinsically safe hearing aids may be suitable for offshore work, but the individual should not be dependent on them to hear safety alerts while hearing aids are not being worn, such as while sleeping. Such cases should be individually assessed by the examining physician.

Any ENT conditions that may be incompatible with, or cause discomfort during, flight should be carefully assessed.

Consider carefully:

- Labyrinthine disorders
- Acute and chronic sinusitis
- Acute and suppurative ear infections

Eyes

Visual acuity should be adequate to enable the individual to work safely and effectively, with the ability to read distant and near communications. Any eye disease interfering with capability and not subject to refractive correction will normally render the individual unfit to work offshore.

Vision

- A minimum standard of 20/40 (6/12) in the best eye is required, using appropriate corrective lenses if necessary. Where visual correction is required, an uncorrected visual acuity of 20/200 (6/60) with both eyes open is necessary. This will enable the individual to safely perform emergency evacuation activities without contact lenses or glasses.
- Visual fields must be normal.
- Color vision may not be required for all functions offshore. Consult the GO-308 form if a deficit is detected.
- Monocular vision is acceptable, provided the minimum standard of visual acuity is met and the individual has adapted to perceive non-binocular depth of vision. Not appropriate for safety-sensitive positions, such as crane operators.

Consider carefully:

- Glaucoma
- Uveitis
- Monocular vision

Neoplasms

- Malignant disease is normally unacceptable offshore unless a full assessment shows that the condition has minimal systemic effects and is not rapidly progressive and that the offshore environment, including isolation from immediate medical care, would not compromise the individual's health.
- Individuals who are in remission following treatment will require regular review to confirm that there is no recurrence of their condition.
- While undergoing active treatment, including high-dose steroids and cytotoxics, employees are not normally considered fit for offshore work.

Dental Health

Dental problems offshore are common, often difficult to deal with on a first-aid basis, and may require evacuation for effective treatment. Therefore, it is very important that the individual's teeth be maintained in good repair and free from active disease. The examining physician should carefully examine the oral cavity, and individuals with obvious significant pathology (see guidance below) should be referred to a dental practitioner for treatment before a fitness certificate is issued.

Consider carefully:

- Caries and missing fillings
- Broken teeth
- Periodontal disease

Offshore and Remote Worker Protocol (Cont.)

Allergies

- Allergies need to be assessed with respect to precipitating exposure and severity of the resulting reaction. Mild allergies, such as hay fever, may be less problematic offshore due to the decreased exposure to circulating allergens, such as pollen.
- Individuals with more severe allergies, such as nut allergies that have a documented life-threatening reaction for the individual, should not be considered fit because, with the mass catering environment offshore, it may be impossible to successfully isolate the individual from the responsible protein – thus being susceptible to potential catastrophic results.

Medication

Any individual taking medication should be assessed to determine:

- Any serious underlying medical condition as identified in systematic evaluation as above and the level of control affected by the medication.

- Any therapeutic side effects that could interfere with the individual's performance or compromise safety.
- Medical conditions that would deteriorate significantly should a medication be missed through poor compliance, loss or unavailability through emergency response.
- If the medication would induce the rapid onset of a life-threatening condition.

For individuals for whom medication is essential, mitigation strategies to cover loss should be employed to reduce these risks. Where this cannot be achieved, the fitness category should be reconsidered.

Where emergency response is a critical factor, hypnotics and tranquilizers, which by their nature cause drowsiness and impair alertness, would not normally be acceptable offshore. Other drugs with these potential side effects should be carefully evaluated to determine the effect they have on the individual.

Individuals taking immunosuppressants, such as following organ transplants, could be considered if it can be demonstrated that their condition is stable and the side effects for their medication do not increase their susceptibility to infection or other complications that would be difficult to treat in the offshore environment.

Anti-coagulants may be acceptable if the individual can show he or she is stable and can determine dosage control through a personal testing system.

Refer to Chevron [HR Policy 335](#): Medication Reporting Requirements (For U.S. Payroll).

Consider carefully:

- High-dose steroids
- Immunosuppressants
- Antidepressants
- Anti-coagulants

Specialist Functions

Emergency Response Team

See the Emergency Responder (ERT) Fitness for Duty Medical Protocol.⁶

Crane Operators (Refer to specific medical protocol)

In addition to the standards defined above, crane operators will need to have a higher standard of visual acuity. Corrected vision should be a minimum of 20/30 (6/9) with both eyes open, with a 20/60 (6/18) for each individual eye. Visual fields and depth perception should be normal.

Monocular vision is unacceptable.



Offshore and Remote Worker Protocol (Cont.)

Catering Crew

In addition to the general standards defined above, catering crew members will be expected to be thoroughly questioned and examined (skin, ears, eyes, respiratory tract and gastrointestinal tract) for any signs of infectious or communicable disease. Further laboratory testing may be required (throat swab, stool test, etc.) for any positive outcomes.

Follow any local public health recommendations or legislation as required.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



¹ If using Quest Diagnostics in the U.S., order panel 337250.

^{2,6} If you have access to the Chevron intranet, go to the [Medical Examination Program](#).

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

⁴ Institute for Petroleum (U.K.) Standards: *Guidance for Physicians for RPE Use*.

⁵ [Drug Policy 263](#) and [Alcohol Policy 264](#).

Pilot Protocol

Purpose

Ensure all Chevron company pilots, helicopter and fixed wing, are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is a medical examination aimed to evaluate the health status of Chevron company pilots.

Travel health evaluation and consultation (including, but not limited to, travel health prevention and education, travel health kits and compression stockings for deep vein thrombosis) for pilots traveling to non-U.S. locations. Immunizations and tuberculosis testing may be required to mitigate health risks related to non-U.S. travel.

Employees are expected to have and use appropriate anti-malarial prophylaxis in recognized endemic malaria areas of assignments. It is **mandatory** that the appropriate advice and medication be provided to these individuals before departure. This advice should be given during the initial medical consultation process and recorded as completed on the GO-146-P form. If requested by Chevron, the appropriate prophylaxis should be prescribed.

Malaria computer-based training shall be completed before traveling to endemic areas.

For prior approval for additional tests, contact your Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Pilot Medical Standards (CFR Part 67)
- Chevron company policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Annually - **Mandatory**

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination <ul style="list-style-type: none"> (Average blood pressure while sitting is not to exceed 150/95) (Certification is denied for insulin-dependent diabetes. Non-insulin-dependent diabetes is acceptable, provided the individual is able to demonstrate good control and lack of significant end organ damage based on the following criteria and test results. Chevron's guideline for good control is defined as Hemoglobin A1c <7% monitored at least twice per year, based on each individual case. In addition, annual screen for urine microalbumin and full ophthalmological evaluation are required to monitor for end organ damage.) 	GO-146-P
Mental Health Assessment	GO-1750
Vision Test <ul style="list-style-type: none"> (Visual acuity, depth perception, color and peripheral fields) (Visual acuity - each eye separately with or without corrective lenses must be equal to or better than: distance - 20/20, near - 20/40 at 16 inches; at age 50 or over: near - 20/40 at 16 and 32 inches) or Ophthalmological Exam (near, far, color, horizontal and depth) (required if diabetic or hypertensive)	GO-146-P Complete Clinical Report
Audiogram (Minimal acceptable thresholds of unaided hearing acuity: <ul style="list-style-type: none"> Frequency (Hz): 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz Better Ear (dB): 35 dB, 30 dB, 30 dB, 40 dB Poorer Ear (dB): 35 dB, 50 dB, 50 dB, 60 dB) 	GO-653
Blood Chemistry ¹	Lab Report
Hemoglobin A1c ¹	Lab Report
CBC With Differential and Platelet Count ¹	Lab Report
Urinalysis ¹	Lab Report

Pilot Protocol (Cont.)

Urine Microalbumin (if non-insulin dependent diabetic)	Lab Report
TB Skin Test or QuantiFERON® ² - TB (annually and fixed wing pilots only)	TST or Lab Report
Chest X-Ray (if clinically indicated)	X-Ray Report
EKG - Resting (at age 40 and over)	EKG Tracing and Report
Exercise Treadmill Test (ETT)	ETT Report

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes



- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (Initial and Return to Work ONLY) (if indicated as required on the GO-308 form, examining physician provides clearance to continue with FCE for only the Initial and Return to Work Pilot examinations)	GO-1835

Pilot Protocol (Cont.)

Initial and Return to Work ONLY FCE

In line with operating company policy, a functional capacity evaluation (FCE) should be given to candidates whose job tasks involve a physical component as identified and defined in the *Physical Requirements and Working Conditions* (GO-308) form completed for the proposed job category/function. An FCE consists of a series of tests administered by health professionals. It objectively measures and documents the employee's ability to safely perform the essential job tasks as outlined on the GO-308 form.

Functional Capacity Evaluation <i>(upon clearance by examining physician)</i>	FCE <i>Critical Criteria List</i> Vendor-supplied or as found in the GO-308 Repository ³
Functional Capacity Evaluation Clearance <i>(functional capacity evaluator provides confirmation of successful completion)</i>	GO-1835

Medical Clearance

Medical Examination Recommendations	GO-1789
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Notes for Physicians and Clinicians Examining Employees for Pilot Fitness

Physical Requirements and Working Conditions	GO-308
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Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Appendix

Summary of Pilot Medical Standards (CFR Part 67)

Examiner must disqualify if the applicant has a history of the following conditions:

- [Diabetes mellitus](#) requiring hypoglycemic medication
- [Angina pectoris](#)
- [Coronary heart disease](#) that has been treated or, if untreated, that has been symptomatic or clinically significant
- [Myocardial infarction](#)
- [Cardiac valve replacement](#)
- [Permanent cardiac pacemaker](#)
- [Heart replacement](#)
- [Psychosis](#)
- [Bipolar disorder](#)
- [Personality disorder](#)
- [Substance dependence and abuse](#): Diagnosis or medical history of "substance dependence" is disqualifying unless there is established clinical evidence, satisfactory to the Federal air surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding two years. A history of "substance abuse" within the preceding two years is disqualifying. "Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals).
- [Epilepsy](#)
- [Disturbance of consciousness](#) and without satisfactory explanation of cause
- [Transient loss of control of nervous system](#) function(s) without satisfactory explanation of cause

Pilot Protocol (Cont.)

Required immunizations (International Travel)

The employee can start immunizations when found medically fit for business travel.

Immunization	Primary	Booster
Hepatitis A	Months 0 and 6	N/A
Hepatitis B	Months 0, 1 and 6	N/A
Influenza	One dose annually	One dose annually
Measles (Attenuvax^{®4} Vaccine) or MMR Live Vaccines <ul style="list-style-type: none"> International travel guidance Contraindicated during pregnancy 	Second is given no sooner than 4 to 6 weeks after first dose	Two doses as an adult (only if born after 1957), laboratory evidence of non-immunity or if there is a reason to believe the person might be susceptible to get infected.
Meningococcal Meningitis <ul style="list-style-type: none"> Meningococcal quadrivalent A, C, Y, W-135 is recommended by U.S. Centers for Disease Control (CDC) 	One dose	Every 3 to 5 years
Polio	Months 0, 1 and 6	One-time dose of inactivated vaccine as an adult
Tetanus/Diphtheria <ul style="list-style-type: none"> Tdap, a one-time booster dose, should be given with a later dose of tetanus/diphtheria 	Months 0, 1 and 6	Every 10 years
Typhoid <ul style="list-style-type: none"> Oral (live vaccine) and not given during pregnancy Injectable 	<ul style="list-style-type: none"> Days 1, 3, 5 and 7 One dose 	<ul style="list-style-type: none"> Every 5 years Every 2 to 3 years
Yellow Fever <ul style="list-style-type: none"> Contraindicated during pregnancy May be required for entry into some countries Give live vaccines together or wait one month 	One dose	Every 10 years

¹ If using Quest Diagnostics in the U.S., order panel 337250.

² QuantIFERON is a federally registered trademark of Cellestis, a QIAGEN company.

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

⁴ Attenuvax is a federally registered trademark of Merck Sharp & Dohme Corp.

Qualified Rigger-GOM Offshore Protocol

Purpose

Ensure qualified riggers are physically and mentally fit for duty

Description

Exam for any person responsible for the safe operation of slings, rigging hardware, and overhead hoists offshore.

For Prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For Contact names, please refer to the

Evidence Basis and Regulatory Reference

- API RP 2D, 7th edition
- Operating company policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial- Mandatory (pre-placement)
- Periodic- Every four years

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or tests needs to be duplicated.

Evaluation Components

Forms

Medical History	GO-1660
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Medical Clearance

Qualified Riggers	GO-1660
Medical Clearance recommendation	GO 1789

Wellness Resources

Refer to [Appendix 6](#) or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Respirator User Protocol

Purpose

Ensure all Chevron employees who require the use of respiratory protective equipment are physically and mentally fit for duty so they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is an evaluation or medical examination for employees potentially required to wear a respirator. The respirator process is primarily event-driven.

When an employee is expected or required to wear a respirator, medical monitoring is necessary to ensure that the employee does not incur unacceptable risks.

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5144)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory (hands-on physical examination required)** prior to job assignment involving use of respirator and before fit testing)
- Event-Driven - Events identified by the professional licensed health care provider (PLHCP), employee, supervisor, respiratory protection administrator or fit tester may trigger a medical evaluation; triggering events include:
 - Pre-placement/post-offer or job transfer into an area having the potential for respirator use, before an initial fit test, or when required to use a respirator for the first time
 - When an employee reports signs or symptoms that are related to the ability to use a respirator
 - When a PLHCP, supervisor, fit tester or the respirator protection administrator informs the employer that an employee needs to be re-evaluated
 - When information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee re-evaluation

- When a change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on the employee

- Default - Six years

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

Respirator Medical Evaluation Questionnaire	GO-1310-Q
Medical Respirator Recommendation	GO-1310-R
Respirator Examination	GO-1310-E
Pulmonary Function Test (<i>baseline and periodic if enrolled in the respiratory protection program</i>)	GO-652-5
Authorization for Disclosure of Health Information	GO-1075

Event-Driven Evaluation Content

Respirator Medical Evaluation Questionnaire	GO-1310-Q
Medical Respirator Recommendation	GO-1310-R
Preaddressed postage-paid envelope or other method to ensure confidentiality <i>(Employee completes and sends both forms to the address printed on the GO forms. The Chevron Health and Medical regional medical manager or Chevron occupational health clinician will review to determine if a physical exam is required.)</i>	

Medical Clearance

Respirator Use	GO-1310-R
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Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Provide a copy of *Respirator Standard* (29 CFR 1910.134), including all appendices.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.

Truck Driver and California Van Pool Driver Protocol

Purpose

Ensure Chevron truck drivers and van pool drivers rendering services to Chevron in the State of California are physically and mentally fit for duty. To help ensure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This exam is for truck drivers covered by U.S. DOT regulations and California drivers and backup drivers of Chevron commuter van pools. Van pools refer to vans that carry 10 or more people.

In the United States, the Medical Examination Report (MER) Form, [MCSA-5875](#) should be used.

For prior approval for additional tests, contact your local Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- U.S. DOT ([49 CFR 391.41-391.49](#))
- Federal Motor Carrier Safety Administration Medical Examination Report (MER) Form, [MCSA-5875](#)
- Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** (pre-placement with urine drug screen)
- Periodic - **Mandatory** (every two years or more frequent based on medical condition or other countries' legal requirements).

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination	MER Form, MCSA-5875
Vision Test	U.S. DOT Medical Examination Report Form
Hearing Test or Audiogram (if enrolled in hearing conservation program, must complete audiogram (as baseline and periodically))	MER Form, MCSA-5875 and GO-653 (if audiogram performed)
Urinalysis	MER Form, MCSA-5875
Authorization for Disclosure of Health Information	GO-1075

A tetanus booster is recommended if one has not been given in the last 10 years.

Medical Clearance

Medical Examination Recommendations	GO-1789
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Medical examiner's certificate must be completed if driver is found qualified. Return signed certificate to driver.

Wellness Resources

Refer to Appendix 6 or contact wellness@chevron.com for more information about voluntary programs employees can use to improve their health.



Health Surveillance Protocols



Arsenic (Inorganic) Protocol

Purpose

Ensure all employees exposed to inorganic arsenic above the action level legally established are examined accordingly. This includes employees accidentally exposed to inorganic arsenic above the legally established occupational exposure limit or short-term exposure limit and when additional evaluations might be required.

Description

This is a medical exam to evaluate the health status of employees occupationally exposed or potentially exposed to inorganic arsenic.

Enrollment Criteria

This includes:

- Employees who are or will be exposed to inorganic arsenic above the action level (5 ug/M³/8-hour time-weighted average), without regard to respirator use, for at least 30 days per year
- Employees who have had 10 years or more of exposure above the action level, without regard to respirator use, for more than 30 days per year while working for the present or previous employer, even if no longer exposed above the action level

Consumption of seafood should be avoided for three days prior to urine collection.

For prior approval for additional tests, contact your Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Chevron company policy
- Occupational Safety and Health Administration (OSHA) (CFR 1910.1018)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- OSHA (CFR 1910.134)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Prior to placement in an area where the employee is likely to be exposed over the action level at least 30 days per year
- Periodic - Annually
- Exit - Upon termination of employment or reassignment to an area not covered (only if no exam has been performed in the last six months)
- Emergency - If an employee develops signs or symptoms commonly associated with inorganic arsenic exposure

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination Emphasizing the Nose and Skin	GO-146-P
Chest X-ray (<i>14-inch by 17-inch posterior/anterior</i>)	X-Ray Report
Urine for Arsenic and Creatinine (<i>end of work week is the best collection time</i>)	
Physician's Written Opinion	GO-1381
Authorization for Disclosure of Health Information	GO-1075

Medical Clearance

Medical Examination Recommendations	GO-1789
Respirator Use	GO-1310-Q GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

Asbestos Protocol

Purpose

Ensure all employees potentially exposed to asbestos above the action level legally established are being examined accordingly.

Description

This is an exam for workers who will be occupationally exposed to airborne concentrations of asbestos: tremolite, anthophyllite or actinolite fibers.

Occupational exposure is defined as exceeding these levels for 30 or more days per year:

- At or above the permissible exposure limit (PEL) of 0.1 fiber per cubic centimeter (f/cc) of air calculated as an eight-hour time weighted average (TWA), or at or above the excursion limit of 1.0 f/cc of air calculated over a period of 30 minutes
- Engaged in Class I, II or III work

This standard also applies to employees who wear negative pressure respirators pursuant to the requirement of the Asbestos Standard.

For employees required by this standard to wear a negative pressure respirator while performing Class I, II or III work for less than 30 days per year, a physician must ensure that the worker is able to use a respirator.

The exit exam for individuals whose occupational exposure to airborne concentrations of asbestos (tremolite, anthophyllite or actinolite fibers) is permanently discontinued due to retirement or removal from exposure.

Note: No exit medical exam is required if records adequately show the employee has received a periodic exam within the last 12 months.

For prior approval for additional tests, contact your local Chevron Global Health and Medical regional medical manager or designated Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1001, 1915.1001 and 1926.1101)
- OSHA (29 CFR 1910.134)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5208)
- Mine Safety and Health Administration (MSHA) (30 CFR Parts 56, 57 and 71)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic - Annually
- Exit - (Removal from exposure and within 30 calendar days of job transfer and termination of employment - unless the last examination was within the last 12 months). Consider the following conditions:
 - Employee has been removed from exposure at or above the action level and will not be exposed above the action level in the foreseeable future
 - Employee is willing to be removed from the surveillance program
 - Employee shows no indication of asbestos-related lung disease, based on clinician's review of the medical record

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination	GO-1345 (<i>initial</i>) GO-1346 (<i>periodic</i>)
Pulmonary Function Test (FVC & FEV ₁) ¹	GO-652-5
Chest X-Ray (<i>PA view</i>)	X-Ray Report
Physician's Written Opinion	GO-1381
Authorization for Disclosure of Health Information	GO-1075

California Employees

Chest X-Ray (<i>RAO and LAO views</i>) ³	X-Ray Report
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Medical Clearance

Medical Examination Recommendations	GO-1789
Respirator Use	GO-1310-R

Asbestos Protocol (Cont.)

Chest X-Ray Considerations

Chest X-rays must be read by a B-reader, a board-eligible/certified radiologist or a physician with expertise in pneumoconiosis.

Chest X-ray frequency is as follows unless a physician orders greater frequency due to clinical indications:

Years Since First Exposure	Age 15 to 35	Age 35+ to 45	Age 45+
0-10	Every 5 years	Every 5 years	Every 5 years
10+	Every 5 years	Every 2 years	Annually

Cal/OSHA requires that chest X-rays be read by a B-reader. Chest X-ray frequency for **California employees** is as follows unless a physician orders greater frequency due to clinical indications:

Years Since First Exposure	Age Less Than 40	Age 40 and Older
0-10	Every 3 years	Annually*
10+	Annually*	Annually*

* Oblique X-rays need to be performed every three years only

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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A tetanus booster is recommended if one has not been given in the last 10 years.

As applicable, provide:

- Copy of Asbestos Standard (29 CFR 1910.1001, 1915.1001 and 1926.1101), including appendices D, E and I
- Employee's job duties as related to asbestos exposure²
- Representative or anticipated exposure level³
- Description of personal protective or respiratory equipment used or to be used³
- Information from previous exams not otherwise available.



¹ In the U.S., a pulmonary function test shall be administered by a physician or person who has successfully completed a National Institute for Occupational Safety and Health approved training class.

² Appropriate section of GO-308 can be used.

³ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Benzene Protocol

Purpose

Ensure all employees exposed to benzene above the action level legally established are examined accordingly. This includes employees accidentally exposed to benzene above the legally established occupational exposure limit (OEL) or short-term exposure limit (STEL) and when additional evaluations might be required.

Description

These are the medical exams needed to evaluate the health status of employees who will be occupationally exposed to benzene. In addition, these exams will determine if exposure to benzene in an emergency situation or suspected exposure has caused sufficient absorption to warrant follow-up health surveillance.

Action level means an airborne concentration of benzene of 0.5 parts per million (ppm) calculated as an eight-hour time-weighted average (TWA).

For prior approval for additional tests, contact your local Chevron Global Health and Medical regional medical manager or Chevron Health and Medical clinician. For contact names, please refer to the [Medical Directory](#).

Enrollment Criteria

- Exposure at or above action level for an eight-hour TWA for 30 or more days per year; or
- Exposure at or above 1 ppm for an eight-hour TWA for 10 or more days per year; or
- Exposure at or above 5 ppm for a 15-minute STEL for 10 or more days per year; or
- Exposure above 10 ppm for an eight-hour TWA for 30 or more days in a year prior to 1988.
- After an event which may have posed the employee in a situation of overexposure (emergency).
- Any of these abnormal conditions:
 - Hemoglobin or hematocrit levels fall below the normal limit or these indices show a persistent downward trend
 - Platelet count varies more than 20 percent below the most recent values or is outside the normal limit
 - Leukocyte count is below 4,000 per cubic millimeter (mm³) or there is an abnormal differential

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1028) Benzene
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- OSHA (29 CFR 1910.134) Respiratory Protection
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5218) Benzene
- Department of Transportation (DOT) U.S. Coast Guard (USCG) (46 CFR 197.560)
- Health and Safety Executive, U.K., Control of Substances Hazardous to Health
- American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLV[®]) and Biological Exposure Indices (BEI[®])
- Chevron Occupational Exposure Standards Committee

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic - Annually, this may vary in different countries
- Detected abnormal conditions - Within two weeks of obtaining an abnormal result
- The following occurrences qualify as emergency or suspected exposure: equipment failure, rupture of containers and failure of control equipment that may or does result in significant release of benzene. Contact an industrial hygiene specialist with questions about whether an employee should be tested. If yes, collect a specimen before the employee leaves the facility.

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Benzene Protocol (Cont.)

Evaluation Components

Forms

History and Physical Examination (limited exam) ²	GO-1375 (initial) GO-1376 (periodic)
Pulmonary Function Test (if legal or clinically indicated) ³ (if an employee wears a respirator for 30 or more days per year for benzene exposure, a pulmonary function ³ test is required every three years)	GO-652-5
CBC With Differential and Platelet Count ⁴	Lab Report
Physician's Written Opinion	GO-1381
Authorization for Disclosure of Health Information	GO-1075

For Emergency

For U.S. OSHA compliance:

Urinary Phenol ⁵ (urine-specific gravity corrected to 1.024)	Lab Report
If urinary phenol ≥ 75 mg/l of urine, then: • CBC With Differential ⁴ • Platelet Count ⁶ (collect at monthly intervals for a duration of three months following the initial CBC)	Lab Report Lab Report

For other areas, including the U.K., Canada, Latin America and Malaysia:

• Urinary S-Phenylmercapturic Acid (S-PMA) ² or • t-t-Muconic Acid	Lab Report (BEI: 25 μ g/g creatinine) Lab Report (BEI: 500 μ g/g creatinine)
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Samples Collection and Results Interpretation

- Urinary samples should be collected six to eight hours after initial exposure. If that is not possible, the sample should be collected at the end of the work shift. Laboratory analysis must be completed within 72 hours.⁶
- If testing for urinary phenol and the result is greater than or equal to 75 mg/l of urine, a blood sample must be drawn immediately and at monthly intervals for a duration of three months following the initial CBC.
- Urinary S-PMA and t-t-Muconic acid processed in urine samples at the end of the shift.

Medical Clearance

Medical Examination Recommendations	GO-1789
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

A tetanus booster is recommended if one has not been given in the last 10 years.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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As applicable, provide:

- Copy of Benzene Standard (29 CFR 1910.1028), including all appendices
- Employee's job duties as related to benzene exposure⁷
- Representative or anticipated exposure level⁸
- Description of personal protective or respiratory equipment used or to be used⁸
- Information from previous employment-related medical exams not available to examining physician

¹ TLV and BEI are federally registered trademarks of the American Conference of Governmental Industrial Hygienists, Inc.

² Non-Chevron medical facility can provide a limited exam.

³ In the U.S., a pulmonary function test shall be administered by a physician or person who has successfully completed a National Institute for Occupational Safety and Health (NIOSH) approved training class.

⁴ If using Quest Diagnostics in the U.S., order test 6399.

⁵ If using Quest Diagnostics in the U.S., order test 3125.

⁶ Locations with no onsite company clinic should contact their Chevron Health and Medical regional medical manager or Chevron occupational health clinician for assistance in locating approved laboratories. For contact names, please refer to the [Medical Directory](#).

⁷ Appropriate section of GO-308 can be used.

⁸ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Formaldehyde Protocol

Purpose

Ensure all employees exposed to formaldehyde above the action level legally established are being examined accordingly. This includes employees accidentally exposed to formaldehyde above the legally established occupational exposure limit or short-term exposure limit, and when additional evaluations might be required.

Description

This is an exam for employees with occupational exposure to formaldehyde. Occupational exposure is defined as either of the following:

- Exposure equal to or exceeding 0.38 parts per million (ppm) for an eight-hour time-weighted average (TWA)
- Exposure exceeding 2.0 ppm for a 15-minute TWA
- When the employee is required to wear a respirator, a pulmonary function test (GO-652-5) with FVC, FEV₁ and FEF is required annually.

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1048)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- OSHA (29 CFR 1910.134)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5217)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Upon developing signs and symptoms of exposure to formaldehyde
- Upon exposure to formaldehyde in an emergency

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test need be duplicated.

Evaluation Components

Forms

History <i>(if upon physician evaluation of the GO-1437 it is determined that a medical examination is necessary, the employee must be offered an examination)</i>	GO-1437
Physician's Written Opinion <i>(only if an examination is performed)</i>	GO-1381
History and Physical Examination <i>(only if an examination is performed)</i>	GO-146
Authorization for Disclosure of Health Information <i>(only if an examination is performed)</i>	GO-1075

Medical Clearance

Medical Examination Recommendations	GO-1789
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If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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As applicable, provide:

- Copy of *Formaldehyde Standard* (29 CFR 1910.1048), including appendices A, C, D and E
- Employee's job duties as related to formaldehyde exposure¹
- Anticipated, representative or actual exposure level²
- Description of personal protective and respiratory equipment used or to be used²
- Information available from previous medical exams

¹ Appropriate section of GO-308 can be used.

² If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Hazardous Waste Operations Emergency Response (HAZWOPER) Protocol

Purpose

Ensure Hazardous Waste Operations Emergency Response (HAZWOPER) employees potentially exposed to industrial waste are physically and mentally fit for duty to make sure they can perform the job effectively and without risk to their own or others' health and safety, the environment, and the company's assets and reputation.

Description

This is an exam for U.S.-based workers with occupational exposure or potential exposure to hazardous substances or health hazards, or from an emergency incident. The following qualifies an individual for this exam:

- Potential exposure to identified hazards at or above the permissible exposure limit (PEL) for 30 or more days per year;
- Injury or risk of illness due to exposure from an emergency incident involving hazardous substances or health hazards;
- Work as a hazardous materials (HAZMAT) employee (Level III or Level IV HAZWOPER training and entering HAZMAT zones); or
- Use of a respirator for 30 or more days per year in handling hazardous waste.

For prior approval for additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.120)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5192)
- Operational Excellence - Physically Strenuous Training Program Standard
- Operating Company Policy

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** (pre-placement)
- Periodic - Every two years or upon developing signs or symptoms of possible overexposure or at a frequency deemed necessary by the examining physician
- Exit - Within 30 calendar days of job transfer or termination of employment (unless the last examination was within the last six months)

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination (including hernia examination)	GO-146/GO-146-P (initial/periodic)
Vision Test (including visual acuity, depth perception, color and peripheral fields)	GO-146/GO-146-P
Audiogram (as a baseline, periodically if enrolled in a hearing conservation program)	GO-653
Pulmonary Function Test (initial and periodic if enrolled in the respiratory protection program)	GO-652-5
Blood Chemistry ¹	Lab Report
CBC With Differential and Platelet Count ¹	Lab Report
Urinalysis ¹	Lab Report
Chest X-Ray (PA view, baseline)	X-Ray Report
EKG - Resting (if clinically indicated)	EKG Tracing and Report
Exercise Treadmill Test (ETT)	ETT Report
Physician's Written Opinion	GO-1381
Authorization for Disclosure of Health Information	GO-1075
Functional Capacity Evaluation Clearance (if indicated as required on the GO-308 form, examining physician provides clearance to continue)	GO-1835

HAZWOPER Protocol (Cont.)

Cardiovascular Risk Score

Cardiovascular risk evaluations may be completed by a variety of widely available tools. Chevron Global Health and Medical recommends the Framingham tool. The clinician can decide which protocol is best for the employee and meets local legal requirements (such as U.S. Genetic Information Nondiscrimination Act [GINA] regulations, availability of laboratory services).

- [Framingham \(U.S.\)](#)
- [QRISK2 cardiovascular disease risk calculator](#)

One of these calculation tools should be completed by the provider at the time of the medical examination. If the information is not available at the time of the medical examination, then the Chevron reviewing clinician should complete the appropriate calculation using the collated laboratory reports and medical evaluation forms. The result should be printed and appended to the medical evaluation. The cardiovascular risk score should be communicated to the employee and follow-up actions arranged.

An ETT will be performed when the examinee demonstrates an *intermediate* or *high* cardiovascular risk score per one of the above risk calculator tools.

For example, applying Framingham criteria, the risk would be:

- Low risk (<10 percent coronary heart disease risk at 10 years)
- Intermediate risk (10 to 20 percent)
- High risk (>20 percent)

In the absence of laboratory test results, a current risk score cannot be calculated before the medical examination. In these instances, an ETT may be considered by the clinician and scheduled if two or more of the below cardiac risk factors are present:

- High blood pressure (treated or otherwise)
- Hypercholesterolemia
- Smoking
- Diabetes
- Family history of cardiac event before age 60 (this information cannot be collected in the United States due to GINA regulations)
- Abnormal resting EKG

Functional Capacity Evaluation (upon clearance by examining physician)	Vendor-supplied or as found in the GO-308 Repository ²
Functional Capacity Evaluation Clearance (functional capacity evaluator provides confirmation of successful completion of FCE)	GO-1835

A hepatitis A vaccination is recommended.

A hepatitis B vaccination is recommended for medical first responders. Some individuals may fall under the blood-borne pathogen standard. For these individuals, a hepatitis B vaccination is also recommended.

A tetanus booster is recommended if one has not been given in the last 10 years.

Medical Clearance

Medical Examination Recommendations	GO-1789
Respirator Use	GO-1310-Q GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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As applicable, provide:

- Copy of Hazardous Waste Operations and Emergency Response Standard (29 CFR 1910.120), including all appendices
- Employee's job duties as related to hazardous substance exposure³
- Representative, actual or anticipated exposure level⁴
- Description of personal protective or respiratory equipment used or to be used⁴
- Information of previous medical exams not available to examining physician

¹ If using Quest Diagnostics in the U.S., order panel 337250.

² Chevron [GO-308 Repository](#).

³ Appropriate section of GO-308 can be used.

⁴ If the position has been validated through the Operational Excellence Fitness for Duty process, the FCE protocol will be attached to the GO-308 form located in the Chevron [GO-308 Repository](#).

Hexavalent Chromium (VI) Protocol

Purpose

Ensure all employees potentially exposed to Hexavalent Chromium (VI) above the action level legally established are being examined accordingly.

Description

Occupational exposures occur mainly among workers who handle pigments containing dry chromate, who handle spray paints and coatings containing chromate, who operate chrome plating baths, and who weld or cut metals containing chromium, such as stainless steel.

This protocol applies to any of the following:

- Personnel who are or may be occupationally exposed for 30 or more days a year to chromium (VI) at or above the action level of 2.5 micrograms per cubic meter of air ($\mu\text{g}/\text{m}^3$) calculated as an eight-hour time-weighted average (TWA)
- Personnel who report that they are experiencing signs and symptoms of the adverse health effects associated with chromium (VI) exposure
- Personnel exposed in an emergency

This evaluation includes a mandatory respirator examination.

All medical examinations and procedures shall be performed by or under the supervision of a physician or licensed health care professional (PLHCP).

Personnel required to wear a respirator must also be enrolled in the respirator user Health Surveillance program.

For prior approval for additional tests, contact your Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Control of Substances Hazardous to Health Regulations (COSHH) (U.K. HSE)
- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1026)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- California OSHA (Cal/OSHA) (Title 8, Section 5207)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** - Within 30 days after initial assignment (unless within the last 12 months there has been a related medical examination that meets the requirements)
- Periodic - **Mandatory** - Annually or more frequently if either of the following applies:
 - Within 30 days if PLHCP's written opinion recommends an additional examination
 - If personnel shows signs or symptoms of the adverse health effects associated with chromium (VI) exposure
- Emergency - **Mandatory** - Within 30 days after exposure during an emergency that results in an uncontrolled release of chromium (VI)
- Job transfer - **Mandatory** - Within 30 calendar days of job transfer or removal from exposure (unless the last examination was within the last six months)
- Termination of employment - Within 30 calendar days (unless the last examination was within the last six months)

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.



Hexavalent Chromium (VI) Protocol (Cont.)

Evaluation Components

Forms

History and Physical Examination (history to include particular emphasis on smoking history and past, present and anticipated future exposure to chromium [VI])	GO-146 (initial exam) GO-146-P (periodic exam)
With additional focus on: <ul style="list-style-type: none"> Physical examination of skin (emphasis on history of dermatitis and skin ulceration) Physical examination of respiratory tract (emphasis on history of respiratory system dysfunction, obstructive lung disease, asthma, nasal septum perforation and smoking) 	GO-146 (initial exam) GO-146-P (periodic exam) GO-146 (initial exam) GO-146-P (periodic exam)
Pulmonary Function Test	GO-652-5
Respirator Examination	GO-1310-E
Respirator Medical Evaluation Questionnaire	GO-1310-Q
Physician's Written Opinion	GO-1381
Authorization for Disclosure of Health Information	GO-1075



Medical Clearance

Medical Examination Recommendations	GO-1789
Medical Respirator Recommendation	GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Request for Medical Service, if needed	GO-147-1
Physical Requirements and Working Conditions	GO-308

As applicable, provide:

- Copy of Hexavalent Chromium Standard (OSHA 29 CFR 1910.1026)
- Description of the employee's former, current and anticipated duties as they relate to the employee's occupational exposure to chromium (VI)
- Former, current and anticipated levels of occupational exposure to chromium (VI)
- Description of personal protective equipment used or to be used, including when and for how long employee has used the equipment
- Information from records of employment-related medical examinations previously provided to the employee and currently within the control of the employer

Hydrogen Sulfide Protocol

Purpose

Ensure all employees potentially exposed to Hydrogen Sulfide (H₂S) above the action level legally established are being examined accordingly.

Description

Employees potentially exposed to H₂S should be enrolled in the respirator user program and follow the respirator user medical examination criteria.

Employees are considered potentially exposed to H₂S in the workplace in the following situations:

- Exposure at or above 5 parts per million (ppm) for an eight-hour time weighted average (TWA); *or*
- Exposure at or above 15 ppm for a 15-minute short-term exposure limit (STEL); *or*
- Immediately dangerous to life or health (IDLH) situations at or above 100 ppm.

For prior approval for additional tests, contact your Chevron Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Operating company policy
- Chevron Occupational Exposure Standards Committee (COESC)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

Employees must be enrolled in the respirator user medical program.

- Initial - **Mandatory (hands-on physical examination required)** prior to job assignment involving use of respirator and before fit testing)
- Periodic - Follows event-driven protocol as defined in the respirator user program
- Default - Six years

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

Respirator Medical Evaluation Questionnaire	GO-1310-Q
Medical Respirator Recommendation	GO-1310-R
Respirator Examination	GO-1310-E
Pulmonary Function Test (<i>based on GO-308 workplace exposure and periodically if enrolled in the respiratory protection program</i>)	GO-652-5
Authorization for Disclosure of Health Information	GO-1075
Preaddressed postage-paid envelope or other method to ensure confidentiality	

Employee completes and sends both forms to the address printed on the GO forms. The Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician will review to determine if a physical exam is required.

Medical Clearance

Medical Examination Recommendations	GO-1789
Respirator Use	GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Provide a copy of [Respirator Standard \(29 CFR 1910.134\)](#), including all appendices.



Laboratory Worker Protocol (Selected)

Purpose

Ensure all employees working in laboratories and with potential exposure to chemicals above the action level legally established, are being examined accordingly.

Description

Employees who work with hazardous chemicals in laboratories covered by Occupational Safety and Health Administration (OSHA) or California OSHA (Cal/OSHA) standards are given the opportunity to receive medical attention. Medical attention in the form of medical consultation or exam is provided under circumstances defined below.

Evidence Basis and Regulatory Reference

- OSHA (29 CFR 1910.1450)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- Cal/OSHA (Title 8, CCR, Section 5191)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

A medical **consultation** can be requested by an employee whenever an event occurs that results in the likelihood of a hazardous exposure. A medical **examination** can be requested by an employee upon developing signs or symptoms associated with a hazardous chemical exposure, where exposure monitoring shows exposures routinely over the action level (if no action level, the permissible exposure limit for an OSHA-regulated substance), or as determined by medical consultation.

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

Physician's Written Opinion (if an examination is performed)	GO-1381
Authorization for Disclosure of Health Information (if an examination is performed)	GO-1075

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Medical Clearance

Medical Examination Recommendations	GO-1789
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If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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As applicable, provide:

- Identity of the hazardous chemical(s) to which the employee may have been exposed¹
- A description of the conditions under which the exposure occurred, including quantitative exposure data, if available¹
- A description of the signs and symptoms of exposure that the employee is experiencing, if any



¹ Appropriate section of GO-308 can be used.

Lead Protocol

Purpose

Ensure all employees exposed to lead above the action level legally established are examined accordingly.

Description

The initial exam is to establish baseline medical observation on employees who are expected to be occupationally exposed to lead.

The periodic exam is to evaluate the health status of employees exposed to lead for more than 30 days per year at or above the levels defined in the enrollment criteria.

Lead includes metallic lead, all inorganic lead compounds and organic lead soaps. All other organic lead compounds are excluded.

Enrollment Criteria

- Exposure or possible exposure, without regard to respirator use, to an airborne lead of 30 micrograms per cubic meter of air ($\mu\text{g}/\text{m}^3$), calculated as an eight hour time-weighted average.¹

For prior approval to add additional tests, contact your local Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1025, 1915.1025 and 1926.62)
- OSHA (29 CFR 1910.134)
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5216 and 1532.1)
- Health and Safety Executive, U.K., Control of Substances Hazardous to Health
- American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLV^{®2}) and Biological Exposure Indices (BEI^{®2})

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic - Annual, or as soon as possible in the following situations:
 - When an employee had a blood lead level of 40 micrograms (μg)/100 grams (g) whole blood during the preceding 12 months
 - Upon developing signs or symptoms of lead intoxication
 - When requested by the employee because of concerns about ability to procreate a healthy child
 - When the employee is pregnant
 - If breathing difficulty occurs during respirator fit test or use
- Biological monitoring - Every two months for the first six months of enrollment in the program, then
 - Biannually or
 - Monthly - If removed from exposure to lead due to an elevated blood lead level (removal period only) or
 - Every two months - If the last blood test indicated blood lead levels at or above 40 $\mu\text{g}/100$ g whole blood until two consecutive blood samples indicate a blood lead level below 40 $\mu\text{g}/100$ g whole blood or
 - Every two weeks - During temporary medical removal if blood lead levels equal or exceed 60 $\mu\text{g}/100$ g whole blood or if the last three tests in the past six months average more than 50 $\mu\text{g}/100$ g whole blood or the last test exceeds 40 $\mu\text{g}/100$ g whole blood

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test need be duplicated.



Lead Protocol (Cont.)



Evaluation Components

Forms

History and Physical Examination	GO-146/GO-146-P (if periodic)
Vision Test (including visual acuity, depth perception, color and peripheral fields)	GO-146/GO-146-P (if periodic)
Blood Chemistry ³	Lab Report
CBC With Differential and Platelet Count ³	Lab Report
Urinalysis ³	Lab Report
Blood Lead (Pb) ^{4,5} (for biological monitoring)	Lab Report
Blood Zinc Protoporphyrin (ZPP) ^{4,6} (for biological monitoring)	Lab Report
Peripheral Blood Smear for Basophilic Stippling ⁷	Lab Report
Physician's Written Opinion	GO-1381
Notification of Biological Monitoring Results to Employee (must occur within five working days)	GO-1589
Authorization for Disclosure of Health Information	GO-1075

A tetanus booster is recommended if one has not been given in the last 10 years.

Medical Clearance

Medical Examination Recommendations	GO-1789
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If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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As applicable, provide:

- Copy of [Lead Standard](#) (29 CFR 1910.1025, 1915.1025 and 1926.62), including all appendices
- Employee's job duties as related to lead exposure⁸
- Representative, actual or anticipated exposure level
- Description of personal protective or respiratory equipment used or to be used⁸
- Information from previous employment-related exams not available to examining physician

¹ Contact Industrial Hygiene if you have questions regarding the enrollment criteria.

² TLV and BEI are federally registered trademarks of the American Conference of Governmental Industrial Hygienists, Inc.

³ If using Quest Diagnostics in the U.S., order panel 337250.

⁴ **Laboratory used must be licensed by CDC or approved by CDC in last 12 months.** See the [Blood Lead Laboratories](#). Contact the [Chevron regional medical manager or Chevron occupational health clinician](#) for approved Laboratories.

⁵ If using Quest Diagnostics in the U.S., order test 599.

⁶ If using Quest Diagnostics in the U.S., order test 948.

⁷ If using Quest Diagnostics in the U.S., order test 6399.

⁸ Appropriate section of GO-308 can be used.

Mercury Protocol

Purpose

Ensure all employees exposed to mercury above the action level legally established are examined accordingly. This includes employees accidentally exposed to mercury above the legally established occupational exposure limit or short-term exposure limit and when additional evaluations might be required.

Description

This is an examination to evaluate the urine mercury levels of employees occupationally exposed to elemental and inorganic mercury compounds. This does not apply to organic mercury (e.g., methyl, dimethyl mercury) compounds.

Enrollment Criteria

- Personnel who are or may be occupationally exposed for 30 or more days a year to mercury at or above the Chevron action level (15 micrograms per cubic meter of air [$\mu\text{g}/\text{m}^3$]); *or*
- A single eight-hour time-weighted average (TWA) exposure above the Chevron exposure limit ($25 \mu\text{g}/\text{m}^3$); *or*
- Upon notification by an employee that he or she has developed signs and symptoms commonly associated with toxic exposure to mercury and its associated compounds; *or*
- Personnel that experience “emergency exposures” as defined by:
 - A single eight-hour TWA exposure that is four times above the Chevron occupational exposure limit of $25 \mu\text{g}/\text{m}^3$ ($100 \mu\text{g}/\text{m}^3$) without the use of a Level 1 respiratory protection.
 - A single eight-hour TWA exposure that is 100 times above the Chevron occupational exposure limit of $25 \mu\text{g}/\text{m}^3$ ($2,500 \mu\text{g}/\text{m}^3$), if the employee was only in Level 2 respiratory protection.
- In addition to the above, for biological monitoring: personnel whose urinary mercury test result is greater than or equal to 20 micrograms of mercury per gram ($\mu\text{g}/\text{g}$) of creatinine shall have the test repeated within two weeks of receiving the initial test results.

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- Occupational Safety and Health Administration (OSHA) Directives CPL 02-02-006 (inorganic mercury and its compounds)
- Chevron Occupational Exposure Standards Committee (COESC)
- Health and Safety Executive, U.K., Control of Substances Hazardous to Health
- American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLV[®]) and Biological Exposure Indices (BEI^{®1})

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory** (all personnel subject to exposure to mercury vapor or dust of its inorganic and associated compounds)
- Periodic - **Mandatory** (annually)
- Biological Monitoring:
 - Within two weeks - If initial or repeat urinary mercury test result is greater than or equal to $20 \mu\text{g}/\text{g}$ of creatinine
 - Every 30 to 60 days - Retest to track progress and until urinary mercury test results are below acceptable limits
 - Every 6 months - All employees enrolled in a mercury biological monitoring program per the enrollment criteria outlined in the section above
- Job Transfer - **Mandatory** (within 30 calendar days of job transfer or removal from exposure unless the last examination was within the last six months)
- Termination of Employment - Within 30 calendar days (unless the last examination was within the last six months)

Additional blood or other analyses may be used at the discretion of the attending clinician, especially to evaluate “emergency exposures.”

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Mercury Protocol (Cont.)

Evaluation Components

Forms

History and Physical Examination (<i>must include a history of and other findings consistent with the diseases of the eye, skin, respiratory system and kidneys</i>)	GO-146/ GO-146-P
Vision Test (<i>including visual acuity, depth perception, color and peripheral fields</i>)	GO-146/ GO-146-P
Pulmonary Function Test	GO-652-5
Blood Chemistry ²	Lab Report
CBC With Differential and Platelet Count ²	Lab Report
Urinalysis ²	Lab Report
Urine Mercury ³ (<i>including ionic and elemental mercury for biological monitoring</i>) (<i>if test result is ≥ 20 $\mu\text{g}/\text{gram}$ of creatinine, repeat within two weeks of receiving initial test results</i>)	Lab Report
Authorization for Disclosure of Health Information	GO-1075

Medical Clearance

Medical Examination Recommendations	GO-1789
Clearance may be required for respirator use	GO-1310-Q GO-1310-R

If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Surveillance Program Participants

Local management, the Human Resources business partner, or the local Health, Environment and Safety representative shall apprise all participants of all the agents in the work environment known or suspected to present a risk for reproduction or development.

Notes to Examiner

For female employees, a voluntary pregnancy test should be encouraged. The employee should be allowed to self-declare this information.

The history and presence of any pre-existing neurological disorders should be carefully recorded and a very thorough neurological examination performed. To assess tremor, clinicians should routinely obtain a handwriting sample from the employee.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Medical Removal Considerations

If a repeat urine sample test remains greater than or equal to 20 $\mu\text{g}/\text{g}$ of creatinine, the employee **must not** be permitted to work on tasks that involve exposure to mercury until the employee's mercury level decreases to below acceptable limits (20 $\mu\text{g}/\text{g}$ of creatinine).

Personnel with blood test results greater than or equal to 15 micrograms per liter ($\mu\text{g}/\text{L}$) mercury after an emergency exposure shall be removed from the work environment and not be permitted to work on tasks that involve exposure to mercury until they are medically cleared to return to their normal work duties.

The employee's job and work practices shall be examined and other mercury exposure sources shall be investigated.

Provide Notices to Examining Physician

None

As applicable, provide:

- Employee's job duties as related to mercury exposure⁴
- Representative, actual or anticipated exposure level
- Description of personal protective or respiratory equipment used or to be used⁴
- Information of previous medical exams not available to examining physician

¹ TLV and BEI are federally registered trademarks of the American Conference of Governmental Industrial Hygienists, Inc.

² If using Quest Diagnostics in the U.S., order panel 337250.

³ If using Quest Diagnostics in the U.S., order test 637. On the Quest Diagnostics form, write "Random Urine."

⁴ Appropriate section of GO-308 can be used.

Noise Protocol

Purpose

Ensure all employees exposed to noise above the action level legally established are being examined accordingly following the strategic business unit hearing conservation program.

Description

This is an exam for employees occupationally exposed to noise levels above 85 A-weighted decibels (dBA). At facilities following U.S. Occupational Safety and Health Administration (OSHA) regulations, the equivalent 50 percent Allowable Daily Doses (ADDs) of noise for employees who work longer shifts are:

8 hours: 85 dBA	12 hours: 82 dBA
10 hours: 83 dBA	16 hours: 80 dBA

Enrollment Criteria for a Hearing Conservation Program

Exposure to noise at or above 85 dBA for an eight-hour time-weighted average (TWA). If the jurisdictional regulatory standard is more stringent, then use the more stringent requirement.

For facilities following U.S. OSHA regulations:

- Exposure to noise at or above 85 dBA for an eight-hour TWA or equivalent 50 percent ADD

For facilities following U.K. Health Service Executive (HSE) regulations:

- Regularly exposed above the upper Exposure Action Value (EAV) (85 dBA)
- Especially vulnerable workers exposed above the lower EAV (80 dBA)¹

Evidence Basis and Regulatory Reference

- Hearing Conservation Programs ([OSHA \[29 CFR 1910.95\]](#))
- Screening and Surveillance: [A Guide to OSHA Standards](#)
- U.K. HSE 2005
- California OSHA (Cal/OSHA) (Title 8, CCR, Section 5097)

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

For facilities following U.S. OSHA regulations:

- Initial - **Mandatory** (within six months of exposure)²
- Periodic - **Mandatory** (annually for duration of exposure **and** within 365 days of last valid audiogram)²
- Exit - At operating company's discretion

For facilities following U.K. HSE regulations:

- Initial - Prior to exposure
- Periodic - Annually for the first two years, then every three years for the duration of exposure¹
- Exit - At operating company's discretion

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Process and Content Forms

[Audiogram](#) (OSHA approved)

[GO-653](#)



Noise Protocol (Cont.)



Medical Clearance

Medical Examination Recommendations

GO-1789

If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

None required

Audiograms Considerations for Reportability

(based on OSHA Technical Manual Chapter Five TED 1-0.15A, May 2013)

Compare the most recent audiogram with the baseline audiogram. If a Standard Threshold Shift (STS) is observed, review data for intervening years to determine when the STS occurred. The baseline audiogram is usually, but not always, the first audiogram. If a later audiogram shows lower hearing thresholds, that would be the baseline. If a persistent STS is identified, the audiogram after the STS is identified would be adopted as the revised baseline for future comparisons.

Evaluate data for each ear separately. A threshold shift can occur in one ear and not the other. Use threshold data only for the three required frequencies, which are 2,000, 3,000 and 4,000 hertz. For each audiogram, compare to the baseline and take the average of the difference in threshold at the three required frequencies. If the average is less than 10 dB, no STS has occurred. If the average is greater than or equal to 10 dB, the age correction values must be applied to determine whether an STS has occurred.

To apply the age correction values, subtract the age correction value for the worker's age at the time of the baseline audiogram from their age at the time of the suspected threshold shift. Subtract the difference in the age correction values from the difference between the current and baseline audiograms. Take the average of the age-corrected threshold shifts at the three required frequencies. If the average is greater than or equal to 10 dB, an STS has occurred.

Some countries' practice is to calculate the binaural hearing loss to define reportable work-related hypoacusia.

¹ Testing may be more frequent if any problem is detected or where the risk of hearing damage is high and workers have already suffered hearing loss or are particularly sensitive.

² When using a mobile test van, the initial exam can be obtained within one year of exposure; however, hearing protection must be worn after six months. **Initial (baseline) exams must be preceded by 14 hours of quiet.**

Refractory Ceramic Fibers Protocol

Purpose

Ensure all employees potentially exposed to refractory ceramic fibers above the action level legally established are being examined accordingly.

Description

Refractory Ceramic Fibers (RCFs) are man-made vitreous (silicate) fibers with random orientation with alkaline oxide and alkali earth oxide ($\text{Na}_2\text{O}+\text{K}_2\text{O}+\text{CaO}+\text{MgO}+\text{BaO}$) content less or equal to 18 percent by weight. The term RCF also includes non-oxide ceramic fiber such as boron and silicon carbides and nitrides.

Exam for employees exposed to refractory ceramic fibers and other synthetic fibers (such as rock wool or fibrous glass).

- Exposure equal or exceeding the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV^{®1}) and time weighted average (TWA) for refractory ceramic fibers of 0.2 fibers per cubic centimeter (f/cc)
- Exposure equal or exceeding ACGIH TLV and TWA for other synthetic vitreous fibers of 1 f/cc

For prior approval to add additional tests, contact your Chevron Global Health and Medical regional medical manager or Chevron occupational health clinician. For contact names, please refer to the [Medical Directory](#).

Evidence Basis and Regulatory Reference

- No U.S. legal requirements exist for this examination
- Chevron Occupational Exposure Standards Committee (COESC)
- ACGIH TLV and BEI^{®1}
- UK HSE EH40/2005 Workplace Exposure Limits, second edition, 2011

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - Pre-placement
- Periodic - Annually
- Exit - Within 30 calendar days of job transfer or termination of employment (unless the last examination was within the last 12 months)

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

History and Physical Examination	GO-146 or GO-146-P (periodic/exit)
Pulmonary Function Test (FVC and FEV ₁)	GO-652-5
Chest X-Ray (PA view) ²	X-Ray Report
Authorization for Disclosure of Health Information	GO-1075

Medical Clearance

Medical Examination Recommendations	GO-1789
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If any deviation of health parameters is detected, follow OSHA guidelines.

Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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A tetanus booster is recommended if one has not been given in the last 10 years.

¹ TLV and BEI are federally registered trademarks of the American Conference of Governmental Industrial Hygienists, Inc.

² Chest X-rays must be read by a B-reader, board-eligible/certified radiologist or a physician with expertise in pneumoconiosis.

Segmental (Hand-Arm) Vibration Protocol

Purpose

Ensure all employees exposed to segmental (hand-arm) vibration above the action value, where legally established, are examined accordingly in order to prevent Hand-Arm Vibration Syndrome (HAVS).

Description

An exam for personnel potentially exposed at work to hand-arm vibration that arises from the use of hand-held power tools (such as grinders or hammer drills), hand-guided machinery (such as plate compactors), and hand-fed machines (such as pedestal grinders).

Enrollment Criteria

- Personnel who are likely to be regularly exposed above the action value of 2.5 meters per second squared (m/s²) during an average eight-hour day (A[8]) or 16.4 feet per second squared (ft/sec²) A(8)
- Personnel likely to be occasionally exposed above the exposure action value where the risk assessment identifies that the frequency and severity of exposure may pose a health risk
- Personnel who have a diagnosis of HAVS (even when exposed below action level)
- Personnel who have a condition that may be exacerbated by exposure to vibration

For prior approval to add additional tests, [contact your Global Chevron Health and Medical regional medical manager](#) or Chevron occupational health clinician.

Evidence Basis and Regulatory Reference

- U.K. Health and Safety Executive (HSE) [Hand-Arm Vibration](#)
- American Conference of Governmental Industrial Hygienists (ACGIH) TLV^{®1} and BEI^{®1}

Local laws and regulations may supersede the requirements of this procedure. To ensure compliance prior to implementation, consult with the Law department, Global Health and Medical, or your Human Resources business partner. More stringent rules should be followed.

Frequency

- Initial - **Mandatory**
- Periodic - Annually or more frequent as defined by previous evaluation

This medical evaluation should be combined with any other appropriate Health Surveillance or Fitness for Duty medical evaluations that are required for the job function of the selected candidate. No examination or test needs to be duplicated.

Evaluation Components

Forms

Examinee new to the HAVS program

- Complete the Hand-Arm Vibration Initial Screening Questionnaire (GO-1930)
- Discuss with local onsite occupational health professional
- Completes the GO-1075 form
- Submits the form to the address printed on the form for review

- The Chevron occupational health physician or clinician will review to determine if a follow-up evaluation is **required**
 - Hand-Arm Vibration Initial Screening Questionnaire [GO-1930](#)
 - Authorization for Disclosure of Health Information [GO-1075](#)

OR

Examinee currently in HAVS program

- Complete the Hand-Arm Vibration Annual Screening Questionnaire (GO-1931)
- Discuss with local onsite occupational health professional
- Completes the GO-1075 form
- Submits the form to the address printed on the form for review

- The Chevron occupational health physician or clinician will review to determine if a follow-up evaluation is **required**
 - Hand-Arm Vibration Annual Screening Questionnaire [GO-1931](#)
 - Authorization for Disclosure of Health Information [GO-1075](#)

Segmental (Hand-Arm) Vibration Protocol (Cont.)

Review of Initial or Annual Screening Questionnaires and completion of paperwork

Personnel with no symptoms suggestive of HAVS or with no relevant medical history:

- Should be considered fit for work with work exposure to vibration
- The appropriate section of the Hand-Arm Vibration Syndrome Assessment (GO-1933-A) should be marked as fit for work with vibration tools
- The Hand-Arm Vibration Annual Screening Questionnaire should be repeated in 12 months
- This information should be sent to the examinee, employer and maintained in the examinee's medical records

• Hand-Arm Vibration Syndrome Assessment	GO-1933
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• Authorization for Disclosure of Health Information	GO-1075
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Personnel who report clinical symptoms on the questionnaire:

- Face-to-face clinical assessment with a qualified occupational health professional
- Examinee should complete the appropriate sections of the GO-1932 and GO-1075
- Qualified occupational health physician or clinician will complete the appropriate sections of the GO-1932

• Hand-Arm Vibration Clinical Questionnaire	GO-1932
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• Authorization for Disclosure of Health Information	GO-1075
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Diagnosis and staging of HAVS is made by qualified occupational health physician or clinician with the assistance of the GO-1932

The qualified occupational health physician or clinician should complete the appropriate section of the GO-1933-A as either:

- Fit for working with vibration tools provided measures are taken to control exposure and regular health surveillance continues at least annually
- Unfit to continue working with vibration tools and has been advised accordingly (*further medical investigation and follow-up is advised*)

Hand-Arm Vibration Statement of Assessment	GO-1933
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Authorization for Disclosure of Health Information	GO-1075
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Medical Clearance

Hand-Arm Vibration Statement of Assessment	GO-1933
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Provide Notices to Examining Physician

Physical Requirements and Working Conditions	GO-308
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Hand-Arm Vibration (HAVS) Clinical Questionnaire (<i>if appropriate</i>)	GO-1932
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Segmental (Hand-Arm) Vibration Protocol (Cont.)

Additional Guidance for Physicians or Clinicians

Personnel regularly exposed to vibration may suffer symptoms related to the musculoskeletal, peripheral vascular and neurological systems of the hand and arm. Collectively known as HAVS, this syndrome can be very disabling.

There are no definitive diagnostic tests, so diagnosis is made based on declared symptoms, evidence of occupational exposure and absence of other causes of the symptoms. There can be overlap with other medical conditions. There is no treatment for HAVS and spontaneous resolution does not occur to any significant extent.

HAVS is caused by vibration transmitted to the hands by power tools or by hand feeding items into a vibrating machine. Simultaneous exposure to cold will exacerbate the effects of vibration.

Management of the condition relies on preventing excessive exposure to vibration. An individual's workplace exposure is recorded daily. From this, the vibration exposure is corrected for an average eight-hour day. Personnel must not be exposed to more than 5 m/s² A(8). Daily exposure should be reduced as low as reasonably practicable, preferably below 2.5 m/s² A(8).

Health surveillance should identify those who develop symptoms consistent with HAVS despite preventive measures or whose symptoms deteriorate while exposed to vibration. Health Surveillance can be triggered by:

- Individual vibration exposure regularly greater than or equal to 2.5 m/s² A(8)
- Individual vibration exposure occasionally greater than or equal to 2.5 m/s² A(8) where the risk assessment indicates there could still be a risk to health

Even with exposure below the stated action levels, the presence of symptoms suggestive of HAVS or conditions that predispose to HAVS may develop even if vibration exposure is less than 2.5 m/s² A(8).

Health surveillance focuses on the sensorineural and vascular effects of vibration. Sensorineural health effects like tingling, numbness and vascular health effects like blanching are categorized into four Sensorineural Stockholm stages (Stage 0 to Stage 3) and five Vascular Stockholm stages (Stage 0 to 4).

Health surveillance also seeks to identify:

- Conditions which cause similar symptoms to HAVS
- Carpal Tunnel Syndrome
- Previous vibration exposures
- Significant chemical or medicines exposures
- Relevant previous medical history

Sensorineural (SN)

Stage	Criteria
0 SN	Vibration exposure but no symptoms
1 SN	Intermittent numbness or tingling
2 SN (early)	Intermittent numbness or tingling, reduced tingling, reduced sensory perception
2 SN (late)	Persistent numbness or tingling, reduced sensory perception
3 SN	Constant numbness or tingling, reduced sensory perception and manipulative dexterity in warmth

Vascular (V)

Stage	Criteria
0 V	No attacks
1 V	Attacks affecting only the tips of the distal phalanges of one or more fingers
2 V (early)	Occasional attacks of whiteness affecting the distal and middle (rarely also the proximal) phalanges of one or more fingers
2 V (late)	Frequent attacks of whiteness affecting the distal and middle (rarely also proximal) phalanges of one or more fingers
3 V	Frequent attacks of whiteness affecting all of the phalanges of most of the fingers all year
4 V	As 3 V and trophic changes

Definitions

Intermittent: Not persistent

Persistent: Lasting more than two hours

Constant: Present all of the time

Occasional: Three or more attacks per week

Frequent: More than three attacks per week

Segmental (Hand-Arm) Vibration Protocol (Cont.)

Once a potential exposed group of personnel is identified, health surveillance starts with a self administered questionnaire to exclude those without symptoms from formal medical appraisal. If symptoms emerge or a relevant pre-existing condition is noted, formal clinical appraisal is indicated. Although objective testing does exist, these tests are not reliable diagnostic tools. They can be used to assist with staging.

Questionnaire: A qualified health professional (for example a physician, medic, nurse or clinician) should assist in its completion. It is performed on those who might be exposed to significant levels of vibration or who continue to be exposed to hand-arm vibration without suffering symptoms. Those with a negative response are Stage 0 and proceed to the periodic questionnaire. Those with a positive response may require a formal clinical assessment.

Every third year those with consistent negative responses will be referred for a clinical assessment to ensure relevant symptoms have not been missed.

Clinical Assessment: This is a detailed questionnaire and clinical examination normally performed annually by an appropriately trained clinician. Specialized equipment is required. On the basis of the examination, the examinee is Stage 0 to Stage 4. Review periods can be variable but are not longer than one year. Those without symptoms can be returned to the self-administered questionnaire. Those with symptoms will continue with clinical assessments in order to monitor symptom progression. The diagnosis of HAVS should be made by a suitably trained occupational health physician.

Outcomes to health surveillance (vascular and sensorineural):

- Stages 0 to 1 can continue to work with vibration with normal precautions.
- Stage 2 (early) can continue to work with vibration with additional precautions and increased surveillance. Consideration should be given to removing the person from vibration exposure.
- Stages 2 (late), 3 and 4 should be removed from work with vibrating hand tools.

Progression of symptoms will require a thorough review of vibration exposures. Personnel who cease exposure to vibration should be monitored for a further year as symptoms may emerge a year after the last exposure. After this, they may be dropped from surveillance.

The manager and examinee should be informed of the following outcomes:

- Fit without restriction to work with vibrating hand tools
- Fit with restriction to work with vibrating hand tools
- Unfit to work with vibrating hand tools
- Date and nature of next assessment



¹ TLV and BEI are federally registered trademarks of the American Conference of Governmental Industrial Hygienists, Inc.

Appendixes



Appendix 1: Health and GO Forms

1. GO-146 Medical History and Physical Examination
2. GO-146-P Periodic Medical History and Physical Examination
3. GO-146-Q-MSEA Questionnaire
4. GO-146-MSEA History and Physical Examination
5. MSEA Periodic Medical History & Physical Examination
6. GO-147-1 Request for Medical Service
7. GO-308 Physical Requirements and Working Conditions
8. GO-652-5 Pulmonary Function Test
9. GO-653 Audiometric Test
10. GO-1075 Authorization for Disclosure of Health Information
11. GO-1267 Application Authorization Corporate Policy
12. GO-1310-E Respirator Examination
13. GO-1310-Q Respirator Medical Evaluation Questionnaire
14. GO-1310-R Medical Respirator Recommendation
15. GO-1345 Asbestos Initial Health Surveillance
16. GO-1346 Asbestos Periodic Health Surveillance
17. GO-1375 Benzene Initial Health Surveillance
18. GO-1376 Benzene Periodic Health Surveillance
19. GO-1381 Examining Physician's Written Opinion Exposure-Specific Examination
20. GO-1437 Formaldehyde Surveillance
21. GO-1589 Lead Medical Notification
22. GO-1659 Hoistman/Crane Operator Vision Screening Test
23. GO-1660 Hoistman/Crane Operator Health Evaluation
24. GO-1750 Mental Health Questionnaire for Employees
25. GO-1750-A Mental Health Questionnaire for Children
26. GO-1750-B Mental Health Questionnaire for Adult Dependents
27. GO-1769 MSEA Exam Recommendations
28. GO-1773 International Travel Medical Questionnaire
29. GO-1787 Supervisors Checklist Reasons to Consider for Cause Fitness for Duty Evaluation
30. GO-1788 Job Performance Checklist for Referral of Employee to EAP-WorkLife Services (EAP-WL)
31. GO-1789 Medical Examination Recommendations
32. GO-1808 Immunization Record
33. GO-1809 Authorization and Liability Release for Vaccinations
34. GO-1810 Prophylactic Medication/Vaccination Declination
35. GO-1835 Functional Capacity Evaluation Clearance
36. GO-1839 Return-to-Work Evaluation Clearance
37. GO-1840 For Cause Medical Evaluation
38. GO-1844 Cardiovascular Assessment
39. GO-1845 Musculoskeletal Screen
40. GO-1846 Functional Capacity Evaluation Health Questionnaire
41. GO-1910 Transition Return to Work Plan
42. GO-1932 Segmental (Hand Arm) Vibration Syndrome (HAVS) Clinical Questionnaire for the Assessment
43. GO-1933 Segmental (Hand Arm) Vibration Syndrome (HAVS) Statement of Vibration Assessment
44. GO-1948 Dental Examination
45. GO 2034 Vision Screening Test

Appendix 2: Combining Exams – Examples

When appropriate, the content of an employee's exam should be combined with any other periodic, fitness for duty or exposure exams.

The following are examples of exam components resulting from the combination of two or more exams.

Example 1

Extensive Pre-Placement/ Post-Offer [FFD]	Benzene - Initial [HS]	Combined
Urine Drug Screen and Hair Sample		Urine Drug Screen and Hair Sample
History and Physical Examination	History and Physical Examination	History and Physical Examination
Vision Test		Vision Test
Audiogram		Audiogram
Pulmonary Function Test	Pulmonary Function Test	Pulmonary Function Test
Urinalysis		Urinalysis
Authorization for Disclosure of Health Information		Authorization for Disclosure of Health Information
Functional Capacity Evaluation Clearance Form		Functional Capacity Evaluation Clearance Form
Functional Capacity Evaluation (FCE)		Functional Capacity Evaluation (FCE)
	CBC With Differential and Platelet Count	CBC With Differential and Platelet Count
	Physician's Written Opinion	Physician's Written Opinion
	Clearance for Respirator Use	Clearance for Respirator Use

Example 2

Noise (Hearing Conservation) [HS]	Fire Brigade - Initial [FFD]	Combined
Audiogram	Audiogram	Audiogram
	History and Physical Examination	History and Physical Examination
	Vision Test	Vision Test
	Pulmonary Function Test	Pulmonary Function Test
	CBC With Differential and Platelet Count	CBC With Differential and Platelet Count
	Blood Chemistry	Blood Chemistry
	Urinalysis	Urinalysis
	TB Test	TB Test
	Chest X-Ray (PA View)	Chest X-Ray (PA View)
	EKG - Resting	EKG - Resting
	Cardiovascular Risk Score Exercise Treadmill Test (ETT)	Cardiovascular Risk Score Exercise Treadmill Test (ETT)
	Functional Capacity Evaluation	Functional Capacity Evaluation
	Authorization for Disclosure of Health Information	Authorization for Disclosure of Health Information

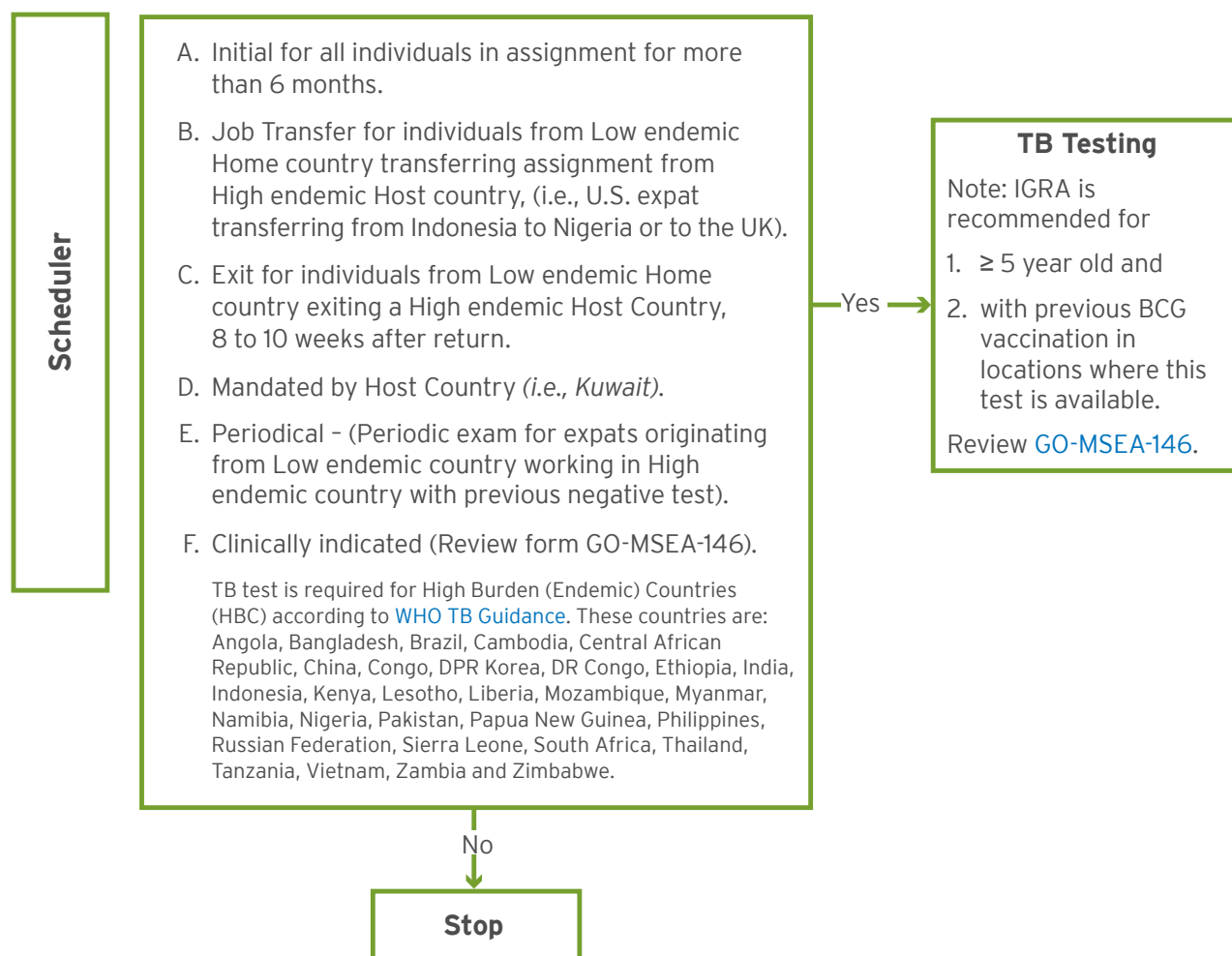
Appendix 3: List of Medical Protocols Requiring Exit Evaluation

- Arsenic
- Asbestos
- Hazardous Waste Operations Emergency Responder (HAZWOPER)
- Hexavalent Chromium (VI)
- Mercury
- Noise
- Refractory Ceramic Fibers

Appendix 4: Tuberculosis Testing Flowchart

Tuberculosis Testing

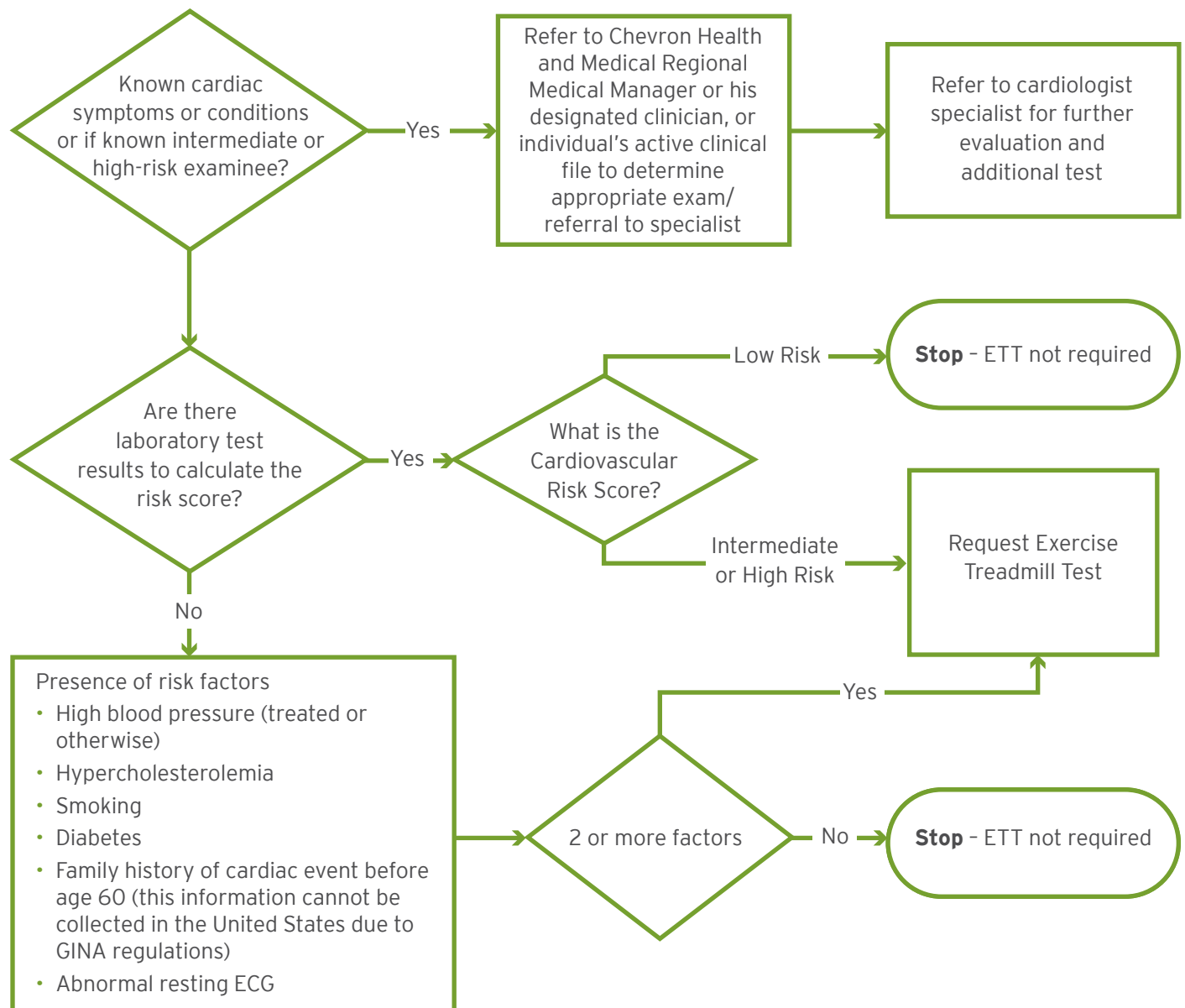
Tuberculosis is an endemic and recognized health risk in several countries where Chevron operates. Screening for tuberculosis should be risk-based and follow the World Health Organization (WHO) guidelines.



Appendix 5: Exercise Treadmill Test Flowchart

Exercise Treadmill Test

Before initiating an exercise treadmill test, please consult with the Chevron Global Health and Medical regional medical manager, local Chevron Global Health and Medical facility, designated clinician or the individual's active clinical file.



Appendix 6: Wellness Resources

Health & Productivity, a function within Global Health and Medical (GHM), is a group of degreed health and wellness professionals who provide subject matter expertise on preventing health issues from occurring and assistance when health-related problems impact employee health, productivity and performance. Expertise is in a wide range of health disciplines such as exercise physiology, holistic health education, curriculum development, disease management, nutrition, health risk behavior change, injury prevention and ergonomics. Health promotion resources can be used to improve employee health risks, with the goal of keeping employees healthy, productive and resilient on the job. Contact wellness@chevron.com for more information about any of these resources.

Wellness Resources - Global

- **Healthwise Health Encyclopedia:** The Healthwise encyclopedia includes a wealth of information, interactive learning tools and other resources designed to inform and educate employees on their health. Employees can access the portal, which includes step-by-step procedure descriptions, a symptom checker and Spanish language information.
 - **Cancer Resources** (Healthwise Encyclopedia)
 - **Cardiovascular Disease Resources** (Healthwise Encyclopedia)
 - **Diabetes Resources** (Healthwise Encyclopedia)
 - **Hypertension Resources** (Healthwise Encyclopedia)
 - **Weight Management (Healthwise Encyclopedia)**
 - **Body Mass Index** (Healthwise Encyclopedia)
 - **BMI Interactive Tool** (Healthwise Encyclopedia)
 - **Quitting Tobacco** (Healthwise Encyclopedia)
 - **Overuse Injuries Information & Resources** (Healthwise Encyclopedia)
- **Healthy Heart Program** (a current list of participating countries posted here):
 - The Healthy Heart Program is one component of GHM's wellness portfolio. The program provides resources to promote awareness of cardiovascular disease risk factors and whole person wellness. Healthy Heart provides employees and adult dependents with an individual health risk assessment, personalized online health coaching (telephonic coaching is available in some locations) along with tools and information to increase and support healthy behaviors.
- **Resilient Living:** During times of challenge and uncertainty, it is common for those affected, as well as their colleagues, to become anxious and worried. Supervisors and employees can find helpful resources for facing challenges in times of change.
 - **Resiliency Assessment Tool - How Well Do You Bounce Back?**
- **Know Your Numbers:** Employees are encouraged to know their personal health information such as blood pressure, cholesterol, blood glucose and other common test results. Resources including marketing and communication collateral and OE moments can be found on the [Health & Productivity Wellness Resources page](#). Contact wellness@chevron.com for help with using these resources.
- **Quarterly Health & Wellness Toolkit Resources:** Health & Productivity creates quarterly packages of useful health and wellness information including resources, presentations, marketing materials and other collateral to promote wellness locally. Contact wellness@chevron.com for help with using these resources.
- **Physical Conditioning:** Physical conditioning might be implicated for fitness for duty or ergonomic issues. Contact wellness@chevron.com for consultation about physical conditioning.

Wellness Resources - United States and Canada

In addition to the resources listed above, U.S. payroll and Canadian employees also have access to the following:

- **Telephonic Coaching:** The U.S. and Canada Healthy Heart platforms provide general health coaching (including access to stress specialists) as well as specialty coaching for Tobacco Cessation and Weight Management:
 - Tobacco Specialty Coaching included as part of the **Tobacco Free** program
 - 5 outbound calls over 12 weeks when ready to quit
 - Whole person high-risk support provided before and after quit attempt
 - Nicotine replacement therapy available for U.S.-based participants
 - Integrated experience with WebMD My Health Assistant (digital goal-setting tool)
 - **Employees can access this coaching directly, without completing the Healthy Heart Health Questionnaire, by contacting WebMD at 1-888-321-1544 (or 925-842-8346 from outside the United States).**
 - Weight Management Specialty Coaching
 - Targets 12-16 calls over 12 months to employees reporting a BMI value of 35 or above when taking the Healthy Heart Health Questionnaire
 - Personalized support from weight management specialists, with Adult Weight Management Certification (ADA), Lifestyle and Weight Management Certification (ACE)
 - Integrated experience with WebMD My Health Assistant (digital goal-setting tool)
 - Text messaging available for U.S.-based participants and Weigh Today App
 - **Fitness Centers:** The goal of Chevron's onsite fitness centers is to enhance well-being by providing participants with a broad range of illness and injury prevention training, health education and exercise opportunities in a comfortable atmosphere.
- **Other Tobacco Cessation resources:** For employees ready to become tobacco-free, the following materials are available free of charge. Employees may request these via email to heart@chevron.com.
 - The book, *Kicking Butts: Quit Smoking and Take Charge of Your Health*
 - Quit kits designed to help you deal with cravings and establish new tobacco-free habits



**Chevron Corporation**

Global Health and Medical Center of Excellence
P.O. Box 6024
San Ramon, CA 94583
United States of America

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GO-1421
IDC-DM 0118-102092



Powers, Andrew C

Senior HR Manager, MCBU
[REDACTED]

Organization: HR Americas E&P (Alta Mathews)

Manager: Alta Mathews

Current Location: Houston 1400 Smith Street

Home Country: United States of America

Job Profile: Senior Manager, Human Resources 2

Primary Functional Discipline: Human Resources

Primary Functional SubDiscipline: Human Resources - Business Partner

Management Level: Management 3 (Leading Others)

Compensation Grade: [REDACTED]

Time in Position: 0 year(s), 1 month(s), 5 day(s)

Length of Service: 15 year(s), 4 month(s), 7 day(s)

Employee PDR: Rhonda Morris

Education

University of Minnesota | Master of Arts | Human Resources

University of Northern Iowa | Bachelor of Arts | Psychology

Mobility

Career Interests

Job History

11/16/2023 - Present | Chevron | Senior Advisor, CHRO |

Reporting directly to VP/CHRO. Acting as Senior Advisor and Chief of Staff.

06/01/2022 - 11/15/2023 | Chevron | Senior HR Manager - CTC/SRT BHR |

Reporting directly to Director of CCC BHR. [REDACTED]; Head of BHR for IT, DT&S, and CTV.

11/02/2020 - 05/31/2022 | Chevron | Senior HR MANAGER, EL SEGUNDO REFINERY |

[REDACTED]



05/05/2019 - 06/23/2019 | Chevron | HR MANAGER, EL SEGUNDO REFINERY |



06/04/2017 - 05/05/2019 | Chevron | AMBU HR MANAGER |

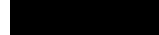


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Tse, Thalia L

Lead HR Business Partner



Organization: Americas Products HR (Heidi Groot (Inherited))

Manager: Heidi Groot

Current Location: Houston 1400 Smith Street

Home Country: United States of America

Job Profile: Lead HR Business Partner

Primary Functional Discipline: Human Resources

Primary Functional SubDiscipline: Human Resources - Business Partner

Management Level: Professional 3 (Leading Self)

Compensation Grade:

Time in Position: 2 year(s), 5 month(s), 5 day(s)

Length of Service: 5 year(s), 2 month(s), 18 day(s)

Employee PDR: Kate Walsh

Education

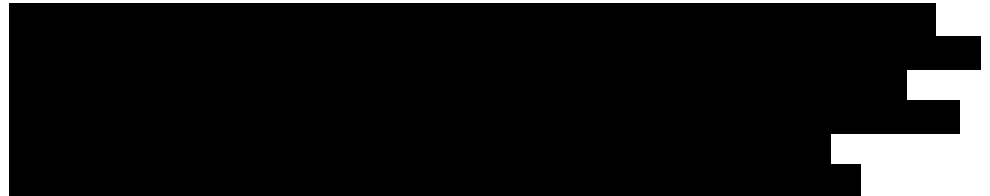
University of Louisville | Master of Science | Human Resource Management

University of California-Irvine | Bachelor of Arts | Psychology

Mobility



Career Interests



Job History

06/01/2022 - Present | Chevron | HR Business Partner, PSG CL#

-- Americas Products HRBP supports global commercial/remote client groups. -- Use of technology and data to help BUs to make informed decisions/improve employee experience. -- Guide AP D&I advisors to design AP D&I focus areas and recommendations for BU to drive/create an inclusive workplace/culture. --Facilitated implementation of CL 12J global customer service to support business needs and talents growth/development opportunities --Act as change agent to support HR/People Manager initiatives such as new supervisor training, performance management, HR service delivery model, etc.

08/19/2019 - 06/01/2022 | Chevron | HR Business Partner, PSG CL#

-- Provided counsel on HR policy/functions/process to complex population of 500+ hourly represented & salaried employees, and senior managers at El Segundo refinery. -- Developed and facilitated monthly Transformational Leaders sessions to build people and culture, and leadership development for supervisors at the refinery. -- Streamlined and simplified current O&M ESP submission/retention process by establishing standard procedure and central online submission/retention portal.

**07/01/2017 - 07/31/2019 | Amazon | HR Generalist |**

-- Managed day-to-day HR deliverables for 700+ employees of all levels; including professional development, performance appraisals, employee relations, compensation and benefits, and policy administration. -- Developed, launched and facilitated new monthly 1 on 1 coaching program to fine tune leadership skills of managers to improve leadership connections score. -- Served as site champion of new HR ticketing/service delivery system and improved team utilization from 70% to 90%

11/11/2005 - 06/30/2017 | 3M | HR Generalist |

-- Provided daily HR support to 400+ leaders and team members across three manufacturing sites. -- Planned and executed team building events and wellness programs to improve employee engagement score by 5% -- Acted as site change agent to implement new HRIS System Workday and trained 15 managers and site managers employees on employee self-service functions.

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PROOF OF SERVICE

At the time of service, I was over 18 years of age and **not a party to this action**. My business address is 333 South Hope Street, 43d Floor, Los Angeles, CA 90071

On November 8, 2024, I served the following document(s):

DEFENDANT CHEVRON U.S.A., INC.'S SUPPLEMENTAL RESPONSES TO PLAINTIFF MARK SNOOKAL'S REQUESTS FOR PRODUCTION (SET 3); AND

DEFENDANT CHEVRON U.S.A., INC.'S DOCUMENT PRODUCTION, BATES NOS. CUSA000816-948.

Service was made on the following person(s):

Dolores Y. Leal
Olivia Flechsig
ALLRED, MAROKO & GOLDBERG
6300 Wilshire Blvd. Suite 1500
Los Angeles, CA 90048-5217
dleal@amglaw.com
oflechsig@amglaw.com

Attorneys for Plaintiff,
MARK SNOOKAL

- ☐ **BY U.S. MAIL.** I enclosed a copy of the document(s) in a sealed envelope or package addressed to the above-listed person(s) and placed the envelope for collection and mailing following the Firm's ordinary business practices. I am readily familiar with the Firm's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
- ☐ **BY OVERNIGHT DELIVERY.** I enclosed a copy of the document(s) in an envelope provided by an overnight delivery carrier and addressed to the above-listed person(s) and placed the envelope or package for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- ☒ **BY ELECTRONIC SERVICE.** Based on an agreement of the parties to accept electronic service, I emailed a copy of the document(s) to the above-listed person(s) at the email address(es) listed in the service list. A record of the transmission is available upon request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the foregoing is true and correct.

Executed on November 8, 2024, in Los Angeles, California.

/s/ Sarah Fan
H. Sarah Fan